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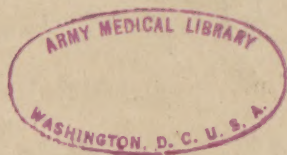
New York State
BABY BOOK



Issued by

Division of Maternity, Infancy and Child Hygiene
NEW YORK STATE DEPARTMENT OF HEALTH

EDWARD S. GODFREY, JR., M. D., Commissioner



WS 113 N568n 1941

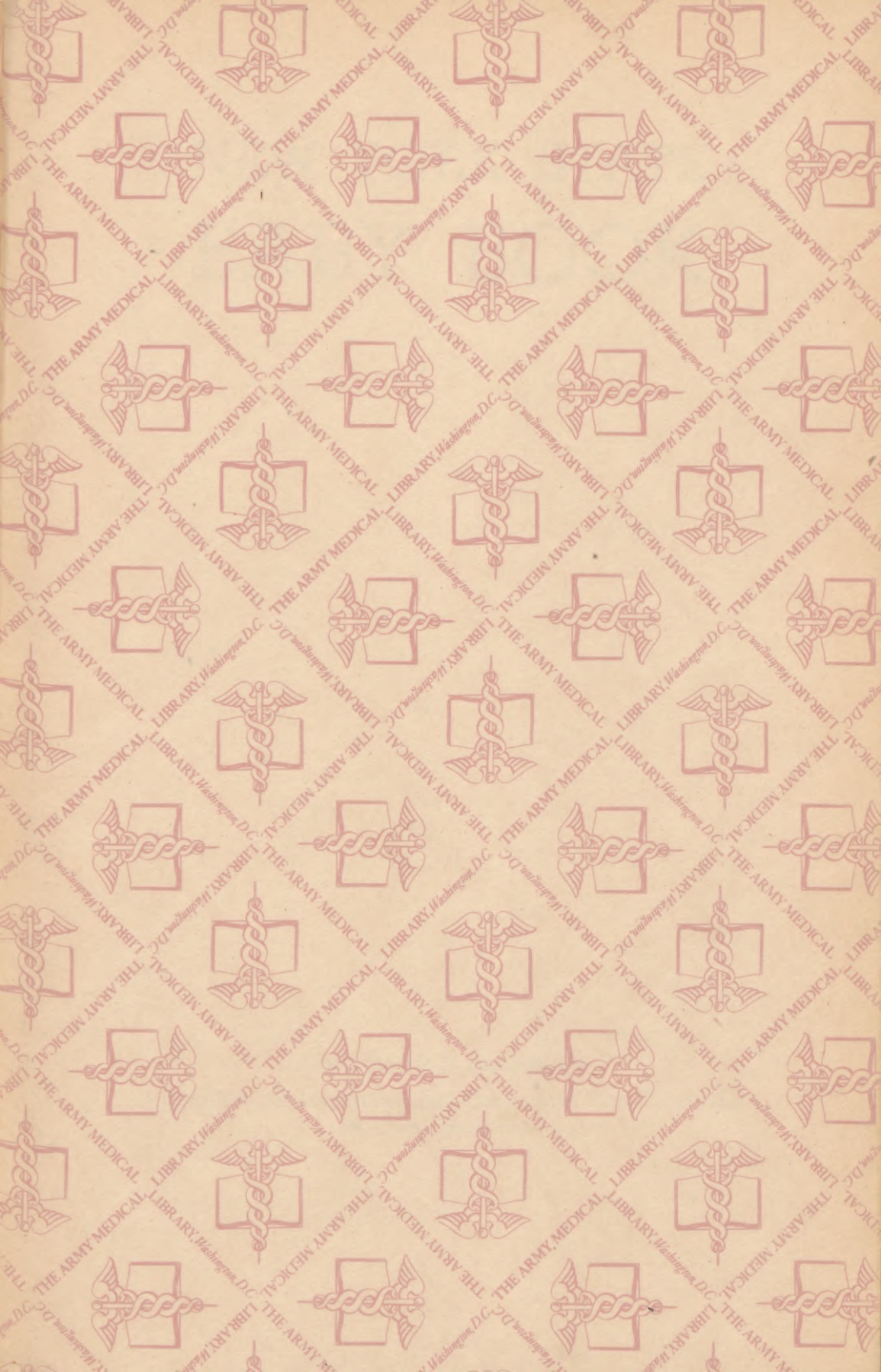
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NEW YORK STATE BABY BOOK

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Public Health Is Purchasable
Within Natural Limitations Any Community Can Determine
Its Own Death Rate

1900



NEW YORK STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
ALBANY

CERTIFICATE OF BIRTH REGISTRATION

This is to certify that a birth certificate has been filed for

.....
Born on
Son
Daughter of and
(name of father)

.....
(maiden name of mother)

Date filed

.....
Local Registrar

THIS CERTIFICATE IS EVIDENCE OF AGE, PARENTAGE AND PLACE OF
BIRTH AND SHOULD BE CAREFULLY PRESERVED.

When the child is vaccinated against smallpox and inoculated against diphtheria or
any other disease, ask the physician or clinic to fill in the spaces below.

Date

Physician or Clinic

Vaccinated against smallpox
Inoculated against diphtheria
Inoculated against

IMPORTANT NOTICE TO PARENTS

This certificate of birth registration is proof of the fact that the birth of your
child has been officially registered. It can be used as evidence of age when the child
enters school, as well as on practically all other occasions when proof of age is
needed.

*Please check the accuracy of date, place of birth, and spelling of names. If you
find an error, inform the local registrar at once. A correction made now will prevent
the possibility of complications later.*

The original record of your child's birth will be permanently preserved in the
office of the State Department of Health at Albany. A complete copy of the birth
certificate is on file in the office of the local registrar of the community in which
your child was born.

If the child was not named at the time the birth was recorded, a special supple-
mental report form should accompany this certificate. Please enter the child's given
name on this report as soon as possible and return it together with the certificate to
the local registrar, requesting him to make out a new certificate of registration con-
taining the child's given name.

EXTRACTS FROM THE VITAL STATISTICS LAW

§382. The birth of each and every child born in this state shall be registered
within five days after the date of each birth***.

§384. When any certificate of birth of a living child is presented without the
statement of the given name, the local registrar shall make out and deliver to the
parents of the child a special blank for the supplemental report of the given name of
the child, which shall be filled out as directed, and returned to the local registrar as
soon as the child shall have been named. The given name supplied by the supple-
mental report, shall be entered on the original birth certificate.

§389. ***Within ten days after receiving the certificate of birth he (the local
registrar) shall furnish without charge to the parents or guardian of the child or to
the mother at the address designated by her for the purpose, a certificate of registra-
tion, to be made out on a form furnished by the state commissioner of health***.

7 4-11-46

IS
YOUR
BABY'S
BIRTH
PROPERLY
RECORDED?



The law requires the reporting of your baby's birth and you should receive a copy of the certificate of birth registration like that shown on the opposite page. If the birth was not reported, speak to whoever delivered your baby to make certain that the birth is recorded.

A BIRTH CERTIFICATE MAY BE REQUIRED

- 1 To prove inheritance
- 2 To prove descent
- 3 To enter school
- 4 To establish the right to vote
- 5 To secure employment
- 6 To qualify for civil service
- 7 To join the army or navy
- 8 To marry
- 9 For passports
- 10 For court proceedings
- 11 To establish ability to make contracts
- 12 To obtain a pension
- 13 To obtain a license to drive a car

TABLE OF CONTENTS

Birth certificate	4
Is your baby's birth properly recorded?.....	5
Introduction	7
The doctor—your baby's best friend.....	8
The baby's home—the baby's room	9
Do not fail to nurse your baby.....	10
Advice to nursing mothers	11
Diet of the nursing mother	12
Rules for nursing	16
Weaning	17
Artificial feeding	18
Additional foods	24
Summary of feeding during the first year.....	28
A day's food plan for children one to two years old....	31
Things to remember about feeding during the second year	32
Weigh the baby regularly	33
Your baby's weight chart	34
Growth and development	35
Your baby's development chart	40
Stools	41
Bowel and bladder control	41
Clothing	42
The baby's bath	44
Fresh air	47
Sleep	49
Training the baby	51
Summer care	53
Winter care	55
Prevention of infection	56
Sick baby	57
Care of the premature baby	58
Prevention of accidents	62
Recipes	65
Books you will enjoy reading	69
Cross index	70

INTRODUCTION

Two factors, heredity and environment, are together responsible for the development of the complete adult individual. It is the right of every child to be well born and well brought up. Therefore it is the duty of parents to provide for their children, so far as they are able, an inheritance of health and loving care and wise training necessary to make them healthy, happy and useful members of society.

Training for parenthood, to be ideal, should begin long before marriage with the intention of every growing person to preserve his own health and to select as husband or wife an individual who is not only healthy but whose family heritage is free from defect or disease.

Nature provides most parents with the love that is necessary to a child's well being, but seldom does she give them the understanding so essential to the child's best development. No baby can become a well balanced man or woman with a healthy body, a sound mind, and controlled behavior unless he has the benefit of systematic care and training.

The purpose of this pamphlet is to give the mothers and fathers of New York State some practical help in the care and training of their children so that they may become wiser and better parents.



THE DOCTOR—YOUR BABY'S BEST FRIEND

Be sure the doctor examines your baby when he is born so that you will know he is free from defects; then keep him under your physician's continued supervision until he goes to school. Start taking him to the doctor's office a week or two after the doctor's last visit to you and the baby in your home. Your own first complete examination after delivery can probably be made at the same time. Be sure to ask the doctor each time when to return and make a note of it. Take the baby regularly to the doctor even if he seems well.

When the baby is six to nine months old, have your doctor immunize (protect) him against diphtheria. During the first year, have him vaccinated as a protection from smallpox.

By this keep well service, you may prevent much trouble.

If you can not take your baby to a doctor, take him to the nearest child health station. Your health officer or the public health nurse can tell you where to go.

THE BABY'S HOME

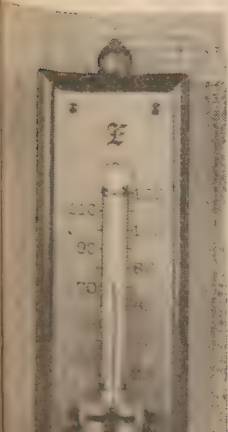
The house in which a baby lives should be clean, dry and warm and should have plenty of light and fresh air. It is advisable to have a porch or yard where the baby may have his nap out of doors. There should be a yard to play in as soon as he is able to walk. Flies, mosquitoes and other insects carry filth and disease. Keep them away from the baby. No uncovered garbage, rubbish, manure or other fly-breeding material should be allowed near the house. The doors, porch and windows should be screened in summer.



THE BABY'S ROOM

It is better for the baby to have a room by himself. It should be sunny, airy and scrupulously clean. The furniture, curtains and floor covering should be washable.

There should be plenty of fresh air in the room day and night. The baby's bed can be protected from direct draught by a screen. If a narrow cloth screen (about six inches wide) is fitted into the window, it improves the ventilation and prevents too strong a draught. The temperature should be kept even—
65° to 75° F.





DO NOT FAIL TO NURSE YOUR BABY

If you love your baby nurse it. Mother's milk is the food nature intended for babies.

Mother's milk is the only food perfectly adapted to the baby's needs. It contains the proper elements of food in the right proportion and it changes in quantity as he grows older.

The baby will have a better chance to remain strong and healthy and to resist disease if he receives mother's milk.

Mother's milk is the safest food for the baby. If the breast is kept clean the milk is free from germs and dirt. Breast-fed babies seldom have bowel trouble which is so often fatal in bottle-fed babies, especially during the summer.

Mother's milk is never sour. It is always ready and does not have to be prepared, measured or warmed.

With proper care, and the help of her physician, practically every mother can nurse her baby for eight or nine months.

There are few mothers whose breasts will not give sufficient milk if the baby is encouraged to suck and thus keep

the milk flowing. Complete emptying of the breasts at regular intervals stimulates the making of milk. Only a few conditions such as pregnancy, or prolonged chronic illness like tuberculosis make nursing unsafe. Occasionally, it may be advisable to stop nursing for a short time during an acute illness, but even then it is often possible to remove the milk by hand. This gives the baby the benefit of the food, maintains the flow of milk, and relieves painful, distended breasts. Your doctor will tell you whether or not you should stop nursing and whether the milk expressed is safe for the baby. His advice is better than that of your neighbors.

ADVICE TO NURSING MOTHERS

Keep Well

To make enough milk for your baby, you must keep well. Your own health is of the greatest importance to your baby at this time. Housekeeping is important, but so are the health of your baby and yourself.

Eat plain nourishing food at regular hours three times a day and a bedtime lunch of milk or a bowl of cereal and milk. Take only milk and water between meals. The extra milk should be taken long enough before meals so that it will not spoil your appetite.

You are producing about one quart of milk a day for your baby. If you do not take enough milk and other milk-building foods, you will not only produce less milk but the necessary materials will be taken from your own body to supply milk for your baby. Your own health as well as the baby's will suffer. Even if you do not nurse your baby, you must eat enough of these milk-building foods to replace the materials that your body loses after the birth of the baby.

Your doctor will probably suggest that you continue the cod- or other fish-liver oil you were taking prenatally (800 I. U. of Vitamin D).

After your baby is born you should increase the iron stored in your body as quickly as possible so that you will feel strong and healthy. To do this, eat plenty of blood-building foods such as liver, molasses, dried fruits (especially apricots and prunes), and dark green leafy vegetables.

Diet of the Nursing Mother

To be sure that you are eating the kinds of foods you need for yourself and your baby, each day's food should include:

One to one and one-half quarts of milk as a beverage, on cereal or in cooking (evaporated and dried milk may be used, see page 68).

A serving of meat or fish (use liver or kidney at least once a week).

An egg.

A raw vegetable or green salad.

Three or four servings of cooked vegetables, especially green leafy or yellow, and also one or two potatoes.

An orange, half grapefruit or tomato (tomatoes may be fresh, canned or juice).

A dried fruit.

One or two servings of whole grain cereal (whole wheat, oatmeal, brown rice).

Two or three slices of whole grain bread (whole wheat or rye) with plenty of butter.

In your additions to this list of necessities, extra vegetables should be most frequent. Turnips, carrots, parsnips, cabbage, cauliflower, beets, egg plant, celery, squash, canned tomatoes and other canned vegetables are usually in the market the year round. Cheese is also a valuable addition.

A cup of weak tea or coffee a day is allowable. Avoid alcoholic beverages and foods that disagree with you.

Dietary Control of Constipation

Avoid constipation by drinking plenty of water and eating vegetables and fruits (especially apricots, figs, prunes and raisins). Whole-grain cereals are more laxative than refined cereals. Train yourself to have a movement at a regular hour each day. Laxative medicines affect the baby and are not good for you. Do not use them unless your doctor advises it. If you follow the above directions, they should not be necessary. .

Importance of Rest

Sleep and rest are very important. You should have at least eight or nine hours' sleep every night and one hour's rest during the day. Obviously, with the baby to care for,

you will not get the sleep without interruption, so you will have to start earlier. Be all undressed and ready for bed by the ten o'clock feeding and, if necessary, have a short nap before. You can not expect to stay up late evenings for the first few months after the baby is born and not feel exhausted in the morning.

Keep serene; worry, anger and excitement are bad for your baby. Have some form of recreation that is not tiring and go out of doors every day. Have plenty of fresh air in the house and sleep with windows open at night.

Plan your day so that you may do your work with the least effort. Many tasks can be done sitting down. The public health nurse will be glad to help you schedule your work if you ask her. If your daily household tasks tire you, take frequent short rests. Sit in a comfortable position alone in a quiet place when you nurse the baby and relax as much as possible. This will give you twenty minutes additional rest every three or four hours.

The following schedule may help you plan your day:

A MOTHER'S DAY

- 6:00 Nurse and change baby
- 6:30 Morning toilet, start breakfast
- 7:00 Waken children and prepare them for day
- 7:30 or 8:00 Breakfast for parents and older children
- 8:30 Housework: wash dishes, sweep floors, make beds
- 9:30 Bathe baby, give cod-liver oil
- 10:00 Nurse and change baby
- 10:30 Prepare formula, other work or shopping as time permits
- 11:00 Prepare lunch
- 12:00 Lunch—mother and older children

- 1:00 Rest and afternoon toilet
- 2:00 Nurse and change baby
- 2:30 Out-of-doors with children
- 4:00 Other work*, shopping if necessary, spend time out of doors when you can
- 5:00 Prepare supper; start cooked cereal for breakfast
- 6:00 Nurse and change baby
- 6:30 Supper—parents and older children
- 7:30 Children go to bed
- 8:00 Reading, sewing, talking with husband, setting table for next morning, getting ready for bed
- 10:00 Nurse and change baby
- 10:30 Go to bed.

Care of the Nipples

It is very important that the breasts be protected from germs that may make the baby ill or cause a breast infection.

Always wash your hands thoroughly before touching the nipples. Wash your nipples with clean boiled water before and after nursing using a clean piece of absorbent cotton for each breast. Keep them covered between nursings with a piece of clean, soft, freshly ironed cloth or sterilized cotton or gauze. Keep the nipples soft and clean. If they become sore or the breasts are painful, consult your doctor at once. A nipple shield can sometimes be used while a sore nipple is healing, but it should be carefully washed after using and boiled just before it is used again.

Never use lead nipple shields. A law has been passed in New York State forbidding their sale because lead may be left on the breasts which will make babies fatally ill.

* Do only a small amount of washing, ironing or mending, etc., each day.

Discouragements

Do not get discouraged if at any time there seems to be a scanty milk supply and the baby fusses and seems hungry after nursing. With a little care and patience this can soon be remedied. After he has finished nursing, give him a little modified milk from the bottle, using a dilution which your doctor approves. Perhaps your milk supply is poor because your baby does not empty your breasts completely.

Emptying the Breast

Regular complete emptying of the breast is the best and surest way to increase the supply of milk. Milk is often left after the baby stops nursing. With a little practice, you can easily learn to complete the emptying with your hand. The doctor or nurse will show you how. The following is a good method:

Thoroughly scrub the hands with soap and warm water. With clean boiled water, wash the nipple of the breast from which the baby has just finished nursing. With the ball of the thumb and first finger, grasp the breast back of the nipple and just in front of the border of the darkened area. Press the thumb and forefinger deeply into the breast. Bring them together well behind the nipple. Repeat this motion regularly. Do not touch the nipple. With a little practice, you will soon acquire this simple milking motion. The milk can be caught in a clean boiled glass and fed to the baby.



Rules for Nursing

The baby is not usually put to the breast for about six hours after birth. This gives both the mother and the baby a needed rest. The physician will give directions as to how often and how long the baby shall be nursed; his instructions should be followed. In the next twenty-four hours, if the baby is put to both breasts every four hours for two or three minutes, it assists in establishing the habit of nursing and regularity. If he nurses longer than this at first, the nipples may become tender and sore. If he cries much, give him cooled boiled water preferably not sweetened. The same plan may be followed thereafter, gradually increasing the time at the breast.

The milk usually comes on the third day and then the baby should nurse regularly at intervals of either three or four hours as the doctor advises; using one breast at each feeding. If the amount of milk in one breast does not satisfy his appetite it may be necessary to continue to give both breasts for a short time. Whether fed with one breast or both, they must be thoroughly emptied. Even when the milk is delayed longer than the third day, the baby should be regularly put to the breast as sucking stimulates the flow of milk. Following this, if necessary, he may be fed from a bottle according to the formula advised by the doctor.

From five to twenty minutes should be allowed for each feeding. The mother soon learns to know by the baby's action whether or not he is satisfied. He drops off to sleep or remains quietly content without crying or fussing if he has had enough to eat. If your baby has a tendency to fall asleep before he has had enough, he should be kept awake by stroking under his jaw or tapping the soles of his feet.

Feeding Schedule

Most babies can be easily regulated as to feeding and sleeping. Regularity of the baby's schedule makes it easier for the mother to give him the necessary care and to attend to her other duties. In the beginning, it may be necessary to waken the baby at nursing time, but he soon forms the habit of waking himself at the regular feeding hour.

Most babies do well if fed every four hours (or every three hours if the doctor advises), up to 10 P. M. and once during the night. This makes six nursing periods on the

four-hour schedule or seven on the three-hour schedule every twenty-four hours.

As soon as possible, omit the night feeding. By the end of the first month, the baby should be on a four-hour schedule with five feedings every twenty-four hours, and by the end of the sixth month he may be on four feedings in every twenty-four hours. Between feedings offer him cooled, boiled water in a nursing bottle.

Weaning

If the mother becomes pregnant, or has any serious illness, the baby should be weaned.

It is usually safe to continue to nurse the baby through a temporary upset or slight illness. Even in acute illnesses, it is only necessary to take the baby from the breast temporarily. In such cases, make every effort to maintain the breast milk by emptying the breasts at regular intervals (see paragraph on emptying the breast, page 15). The supply of mother's milk can be maintained for a week or two in this way and the baby can resume breast feeding as soon as the mother's health is improved.

Under other circumstances, if the baby is thriving, the nursing may be continued for seven to nine months.

The menstrual period should not interfere with breast feeding. It may lessen the quantity of milk, and if so, a little modified cow's milk may be given after nursings for a few days.

Weaning should be done gradually by giving the baby at first one and later two or more feedings a day from the cup or bottle in place of a nursing. If four or five days are allowed to pass between each change, the baby will be less upset and your breasts more comfortable.

If the baby has learned to drink boiled water and orange juice from a cup at the age of from four to six months, it will be easier for him to drink his milk directly from a cup. In this way, you will avoid a second period of change from the bottle to the cup later.

Weaning during the heat of the summer months should be avoided unless ordered by the doctor and under his constant supervision.

ARTIFICIAL FEEDING

Any form of milk used as a substitute for breast milk must be altered to suit the individual baby's needs. Not only do babies differ from each other in their rate of growth and ability to digest food, but the requirement of any individual baby changes frequently as he grows older. For this reason any artificial feeding should be supervised by a physician.

Substitutes for Breast Milk

There is no perfect substitute for breast milk, but clean, fresh, pasteurized cow's milk properly modified and boiled is usually a satisfactory substitute. It should be kept constantly on ice until it is used. Evaporated milk is also an excellent substitute for breast milk. It is not only easily digested but is clean, safe, inexpensive and has the added advantage that it may be purchased in small containers and stored without ice until the can is opened. After opening, it should be kept in the can and kept cold the same as fresh milk.



Patent milk substitutes have the disadvantage of being expensive and may contain such a large percentage of sugar that babies fed on them gain weight too rapidly. Such babies may look well but they often lack resistance to disease. Sweetened condensed milk also contains a high percentage of sugar and should be used only when modified as advised by a physician.

*Care of Fresh Milk**

Buy only clean milk, from a clean milkman, and keep it clean in your home. Buy the freshest milk you can get, use pasteurized milk whenever available.

As soon as the milk is received, wash the outside of the bottles, place them on ice and keep them there until the formula is prepared. Warm milk spoils and spoiled milk will make the baby sick. Do not allow the bottles of milk to stand on the steps in the sun.

Frozen milk is not injurious to babies, but it should be boiled.

Ensilage in the cow's feed does not harm the baby.

Care of Bottles and Nipples

The nursing bottles should be well rinsed and filled with clear cold water immediately after use, until they are washed with soap, rinsed and boiled. The nipples should be thoroughly rinsed, turned and rinsed again in clear water, and kept dry in a covered dish until washed and boiled.

Bottles, nipples, jar and cover for clean nipples, and all utensils used in the preparation of the baby's food should be scrubbed with hot, soapy water, rinsed and boiled for five minutes just before preparing the formula.

Keep nipples dry in covered jar after boiling.

The mother's hands should be thoroughly scrubbed with soap and water before she handles the utensils or the baby's food.

Preparation of Formula

It is usually more convenient to prepare all the feedings for one day at one time and to store the bottles in the ice box until they are used.

* This subject is given in greater detail in the New York State Department of Health's pamphlet on "Milk and Its Relation to the Public Health," which will be sent to you on request.

Arrange all the articles to be used on a clean dish towel on the table.

Measure the required amount of sugar into a clean saucepan, add the amount of boiled water needed and stir to dissolve the sugar. Measure the specified amount of milk and add to the sugar and water. If fresh milk is used, shake the bottle well before pouring.

Place the saucepan on the stove. Stir constantly and heat until vigorous bubbling shows the boiling point has been reached. Remove from the stove and set the saucepan in cold water for rapid cooling, stirring constantly to prevent scum formation. Change the water used for cooling as necessary.

Using as many bottles as there are feedings in twenty-four hours, pour the right amount for one feeding directly from the pan into each bottle. Cover the bottle with a four inch square of fresh waxed paper. Press the paper securely around the neck of the bottle to hold it in place. Place the bottles in the refrigerator immediately.

Evaporated milk is double the strength of fresh cow's



milk, so one ounce of evaporated milk thinned with one ounce of water is equal in strength to two ounces of fresh milk. You may substitute evaporated milk diluted with an equal amount of water for fresh milk in any formula and measure, mix, and boil it in the same fashion.

Rules for Feeding from a Bottle

Warm the bottle to about body heat by placing it in a dish of hot water before giving it to the child.

Wash your hands thoroughly and put the nipple on the bottle. Touch only the bottom of the nipple and see that nothing touches that part which goes into the baby's mouth.

Mix the feeding by shaking the bottle before giving.

See if the milk is warm enough by letting a few drops fall on the inner side of your wrist. Never put the nipple in your own mouth.

The hole in the nipple should be large enough to let the milk drop easily when the bottle is turned upside down but not so large that the milk will flow in a steady stream. If the first drop falls about two inches before the second drop leaves the nipple, the size of the hole is right.

Your baby should sit in your lap, his back and head supported by your arm or if ill or frail he may be propped up in his crib for feeding. To prevent air swallowing, always hold the bottle so that the nipple is full of milk while the baby is taking his food. He should not drink from the bottle longer than twenty minutes. After feeding, hold the baby over your shoulder



and pat him so that he can bring up the gas—generally air which he has swallowed. He can then be placed in his crib, but not rocked. If the head of the crib is elevated (about four inches) any gas that is left in the stomach can come up without bringing milk with it. It will also keep the gas from passing into the bowel and causing colic.

Avoid playing with the baby after feeding.

Do not allow him to suck on an empty bottle, or to sleep or play with the nipple in his mouth.

Avoid urging the baby to take more food than he wants. Too much food and too frequent feedings overtax the digestion and lead to stomach and intestinal trouble.

If milk has soured, do not give it to the baby.

If a child does not take all his feeding, throw away what is left, never warm it again for a later feeding.

General Plan for Artificial Feeding during the First Year

Cow's milk contains practically all the food elements of human milk but the proportions are different and for this reason plain cow's milk is not a suitable food for the young baby. To make it more like breast milk, more suited to the baby's needs and more easily digested, water and a sugar in definite proportions are added. As the baby grows, he needs more and stronger food than he did at first. For this reason, the doctor will change the formula from time to time according to his age, weight and needs.

The accepted general rule for the formula for the first month or two is at least one and one-half ounces of milk for each pound of the baby's weight, and for the second or third month to the ninth month from one and one-half to two ounces for every pound of his weight.

There are several different kinds of sugar that may be used in the formula but cane sugar or corn syrup is generally satisfactory for the normal baby and is much less expensive than the others. As a rule the twenty-four hour formula during the first week or two contains no more than one-half ounce of sugar (one tablespoonful). This can be gradually increased to one and one-half ounces (three tablespoonfuls) at three months. It is seldom advisable to use more than this at any time.

The baby needs from two to three ounces of fluid (milk and water) every day for every pound of his weight. It is not advisable to put all of the water he needs in his formula. Offer him boiled water that has been cooled to room temperature at intervals between his feedings.

Both cow's milk and human milk lack Vitamin C and Vitamin D, two food substances that are important for the growth and development of the baby from the first month of life. Vitamin D may be supplied by giving cod- or other fish-liver oil. Vitamin C is supplied by giving orange or tomato juice.

These rules and the table on page 28 will give a general idea of the way cow's milk is adapted for a normal baby's use. It must be emphasized, however, that babies differ in the amount and quality of the food that they need and can digest. A large baby needs more food than a small baby and an active baby needs more than one who is inactive. For this reason *any schedule of artificial feeding should be supervised by a physician* and the baby should be taken to him regularly to be weighed and examined, and to have the necessary changes in the formula made.



ADDITIONAL FOODS

Cod-liver Oil

When the baby is two weeks old, your doctor will want to start giving him cod-liver oil. This supplies the food substance Vitamin D, which is not present in sufficient quantity in milk or other foods, and which he needs for growth and the development of strong bones and teeth. It also contains Vitamin A which is necessary to keep the baby healthy. Be sure that you use a good grade of cod-liver oil which is at least "U.S.P. Standard."* Good grades of cod-liver oil are usually much richer in Vitamin D than the standard. Although they cost more per bottle, they give you more for your money.

If the cod-liver oil is kept in the ice box and the neck of the bottle wiped after each use, the oil will not become rancid and have an unpleasant taste. Rancid oil is not good for the baby.

How to Give Cod-Liver Oil

If cod-liver oil gets into the baby's lungs, it gives him a form of chronic pneumonia. Therefore, you must use care in feeding it, so that the baby will not struggle and choke. Give it when the baby is undressed for his bath. Prop him in a sitting position with a pillow under his back and head or hold him in your lap with his back supported by one knee. Give the oil slowly from the tip of a spoon or from a

*The number of units of Vitamin D per cc. (cubic centimeter) of cod-liver oil is printed on the label of all tested oil. U.S.P. Standard cod-liver oil contains 85 units of Vitamin D per cc. One teaspoonful would contain 340 units (1 teaspoonful = 4 cc.) Good grades of cod-liver oil contain from 100 to 225 units per cc. and give 400 to 900 units of D per teaspoonful. The baby should get from 700 to 1000 units of D daily.



sterilized dropper. Start with one-half teaspoonful once a day and gradually increase the amount until he is getting one teaspoonful twice a day. (See page 28).

Other Fish-Liver Oils

There are many other fish-liver oils containing Vitamins A and D now on the market. Your doctor will be the best judge of the oil best suited to your baby and how much he needs. When babies do not tolerate oil well, those fish-liver oils which have much larger contents of Vitamins A and D may be used. Then only a few *drops* of oil are given each day, depending on the richness of the oil. Ask your physician just which oil and how many drops would be best for the baby.

Fruit Juices

Orange juice or tomato juice should be given to the very young baby to supply a sufficient amount of Vitamin C to provide for the baby's growth and development and to prevent scurvy. It may be started when the baby is three to four weeks old. Start with one teaspoonful of strained juice diluted with an equal amount of cooled, boiled water. This is gradually increased until two tablespoonfuls of undiluted juice are given at two months. Continue to give the baby orange or tomato juice and when he is old enough to take soft foods, add the broken up pulp to the juice. Tomato juice is less expensive than orange juice but frequently does not contain as much Vitamin C so the amount given should be twice that advised for orange juice.

New Foods

Beginning at three months, your baby will learn to eat first cereal, then fruits and vegetables, eggs and liver, and lastly meat and fish. Introduce new foods one at a time and in small quantities. Give the new food in very small, gradually increasing amounts several days in succession until the baby likes it, and you know that it does not make him sick. During the introduction of a new food, if the baby develops hives, eczema, a rash, asthma, or an upset stomach, stop the food and consult your doctor.

Usually the earlier a baby tastes a new food, the easier it is for him to like it. Give the new food to him on the tip of a teaspoon when he is hungry. If he spits it out, go on with the rest of his feeding and try it again the next day. It may be three or four days or a week or more, before he accepts the food readily. After he likes a food, give it to him at least once a week so that it will not become strange to him.

Try to avoid showing your own dislike of the foods which you are feeding the baby. He will probably imitate you and dislike them too. Guard against coaxing, overattention, or scolding, and ignore his fussing while offering new foods, or these may make the baby eat poorly for a long time.

Cereals

When the baby is three months old cereal may be added to his diet. At first give him one teaspoonful of well-cooked cereal (without sugar) once a day and gradually increase the amount until at six months he is eating two or three tablespoonfuls twice a day. It is not unusual for the baby to spit out cereal when he first tastes it. If the cereal is well diluted with scalded milk or part of the formula when it is first offered, it will not seem as strange to him. Remember that the darker whole grained cereals (such as oatmeal and whole wheat cereals) contain iron and vitamin B naturally and are usually less expensive than highly refined white cereals. Many of the refined cereals now have iron and vitamin B added but the natural unrefined cereals are usually preferable. Your doctor will know which is best for your baby.



Vegetables

During the fourth month, start feeding the baby vegetable purees (see page 29) once a day, gradually increasing the amount and variety. Peas, carrots, asparagus tips, string beans, young beets and beet greens, kale, and spinach are suitable vegetables. Canned pureed and chopped vegetables are now on the market, but are more expensive than an equal amount of puree made at home from a portion of vegetable bought for the family table.

When the baby is nine months old, his vegetables may be finely chopped instead of pureed, and as he learns to chew, the chopping may be coarser. By the time he is eighteen months, cutting his food in small pieces should be sufficient.

Fruits

Pureed stewed dried apricots and prunes may be added to the baby's diet in the fifth month and given in gradually increasing amounts. These supply iron and also have a laxative action. Apple sauce and mashed very ripe banana may also be given.

Egg

When the baby is six months old, start giving him a half teaspoonful of egg yolk, soft cooked or hard cooked and mashed.* The amount may be gradually increased until he is getting the whole yolk of an egg three or four times a week. The baby does not need the white of the egg. Egg is particularly valuable because of its iron.

Other Foods

Liver puree (see page 67) and scraped beef (see page 67) can be given by the seventh month. The liver is particularly valuable for its blood-building properties. The doctor may prefer to start giving it much earlier.

Zwieback and toast may be added when the baby has teeth.

Custard and junket can be added at nine months.

Well baked potato may be given beginning in the tenth month.

<p>GIVE THE BABY PLENTY OF BOILED WATER BETWEEN FEEDINGS</p>
--

Boil a pint of water every morning and put it in a clean bottle. Keep it in a cool place. Take the chill off before giving it to the baby. Give him as much as he will take between feedings.

* Some babies are sensitive (allergic) to egg. If the baby seems sick after the egg yolk has been given, do not give it to him again until you have consulted the doctor.

SUMMARY OF FEEDING DURING THE FIRST YEAR

The following summary is based on the four-hour feeding schedule: 6 a.m., 10 a.m., 2 p.m., 6 p.m., 10 p.m., and 2 a.m. If your doctor prefers a three-hour schedule, the nursings or formula are given at 6 a.m., 9 a.m., 12 noon, 3 p.m., 6 p.m., 10 p.m., and 2 a.m. The cod-liver oil and orange juice are given at 8 a.m.

The sugar in the formula may be either cane sugar or corn syrup. One ounce equals two tablespoonfuls.

Age—twelve hours (average weight 7 pounds):

Boiled water—10 ounces. Offer $\frac{1}{2}$ to 2 ounces after baby is put to breast at 6 a.m., 10 a.m., 2 p.m., 6 p.m., 10 p.m., and 2 a.m.

Age—two to three days (average weight less than 7 pounds):

Nursing or formula at 6 a.m., 10 a.m., 2 p.m., 6 p.m., 10 p.m., and 2 a.m.

<i>Formula:</i>	Whole milk	$7\frac{1}{2}$ ounces	} Offer $2\frac{1}{2}$ ounces every 4 hours (6 feedings in 24 hours)
	Boiled water	$7\frac{1}{2}$ ounces	
	Sugar	1 tablespoonful	

Age—four to six days (average weight less than 7 pounds):

Nursing or formula at 6 a.m., 10 a.m., 2 p.m., 6 p.m., 10 p.m., and 2 a.m.

<i>Formula:</i>	Whole milk	9 ounces	} Offer 3 ounces every 4 hours (6 feedings in 24 hours)
	Boiled water	9 ounces	
	Sugar	2 tablespoonfuls	

Age—one week (average weight 7 pounds):

Nursing or formula at 6 a.m., 10 a.m., 2 p.m., 6 p.m., 10 p.m., and 2 a.m.

<i>Formula:</i>	Whole milk	11 ounces	} Offer $3\frac{1}{2}$ ounces every 4 hours (6 feedings in 24 hours)
	Boiled water	10 ounces	
	Sugar	1 tablespoonful	

Age—two weeks (average weight $7\frac{1}{2}$ pounds):

Nursing or formula at 6 a.m., 10 a.m., 2 p.m., 6 p.m., 10 p.m., and 2 a.m.

<i>Formula:</i>	Whole milk	$12\frac{1}{2}$ ounces	} Offer $3\frac{1}{2}$ ounces every 4 hours (6 feedings in 24 hours)
	Boiled water	$8\frac{1}{2}$ ounces	
	Sugar	2 tablespoonfuls	

Give cod-liver oil— $\frac{1}{4}$ teaspoonful preferably at 8 a.m.

Age—one month (average weight 8½ pounds):

Nursing or formula at 6 a.m., 10 a.m., 2 p.m., 6 p.m., 10 p.m., (2 a.m. feeding is omitted).

Formula: Whole milk 14 ounces } Offer 4 ounces
 Boiled water 6 ounces } every 4 hours
 Sugar 2 tablespoonfuls } (5 feedings in 24 hours)

Give cod-liver oil—½ teaspoonful at 8 a.m. and 5 p.m.

Orange juice—1 teaspoonful gradually increased to 1 tablespoonful in equal amount of boiled water at 8 a.m.

Age—two months (average weight 10 pounds):

Nursing or formula at 6 a.m., 10 a.m., 2 p.m., 6 p.m., and 10 p.m.

Formula: Whole milk 17 ounces } Offer 5 ounces
 Boiled water 8 ounces } every 4 hours
 Sugar 3 tablespoonfuls } (5 feedings in 24 hours)

Cod-liver oil—1 teaspoonful at 8 a.m. and 5 p.m.

Orange juice—1 tablespoonful (undiluted) at 8 a.m. and 5 p.m.

Age—three months (average weight 11½ pounds):

Nursing or formula at 6 a.m., 10 a.m., 2 p.m., 6 p.m., and 10 p.m.

Formula: Whole milk 19 ounces } Offer 5 ounces
 Boiled water 6 ounces } every 4 hours
 Sugar 3 tablespoonfuls } (5 feedings in 24 hours)

Cod-liver oil—1 teaspoonful at 8 a.m. and 5 p.m.

Orange juice—1 tablespoonful at 8 a.m. and 5 p.m.

Cereal—1 teaspoonful gradually increased to 1 tablespoonful at 10 a.m.

Age—four months (average weight 13 pounds):

Nursing or formula at 6 a.m., 10 a.m., 2 p.m., 6 p.m., and 10 p.m.

Formula: Whole milk 23 ounces } Offer 6 ounces
 Boiled water 7 ounces } every 4 hours
 Sugar 3 tablespoonfuls } (5 feedings in 24 hours)

Cod-liver oil—2 teaspoonfuls at 8 a.m.

Orange juice—1½ tablespoonfuls at 8 a.m. and 6 p.m.

Cereal—1 to 2 tablespoonfuls at 10 a.m. and 6 p.m.

Vegetable puree—1 teaspoonful gradually increased to 1 tablespoonful at 2 p.m.

Age—five months (average weight 14 pounds):

Nursing or formula at 6 a.m., 10 a.m., 2 p.m., 6 p.m., and 10 p.m.

Formula: Whole milk 25 ounces } Offer 6 ounces
 Boiled water 5 ounces } every 4 hours
 Sugar 2 tablespoonfuls } (5 feedings in 24 hours)

Cod-liver oil—2 teaspoonfuls at 8 a.m.

Orange juice—2 tablespoonfuls at 8 a.m. and 6 p.m.

Cereal—2 tablespoonfuls at 10 a.m. and 6 p.m.

Pureed vegetables—2 tablespoonfuls at 2 p.m.

Pureed stewed fruit—1 teaspoonful gradually increased to 1 tablespoonful at 2 p.m.

Age—six months (average weight 15 pounds):

Nursing or formula at 6 a.m., 10 a.m., 2 p.m., 6 p.m., and 10 p.m.
One nursing may be replaced by formula if your doctor advises it.

Formula: Whole milk 28 ounces } Offer $6\frac{1}{2}$ ounces
Boiled water $4\frac{1}{2}$ ounces } every 4 hours
Sugar 2 tablespoonfuls } (5 feedings in 24 hours)

Cod-liver oil—2 teaspoonfuls at 8 a.m.

Orange juice—2 tablespoonfuls at 8 a.m. and 6 p.m.

Cereal—2 to 3 tablespoonfuls at 10 a.m. and 6 p.m.

Pureed vegetables—2 to 3 tablespoonfuls at 2 p.m. Add to variety of vegetables used: spinach, carrots, young beets, asparagus tips, peas, and string beans are suitable.

Pureed stewed fruit—1 to $1\frac{1}{2}$ tablespoonfuls at 2 p.m.

Egg yolk—soft cooked or hard boiled and mashed—begin with $\frac{1}{4}$ teaspoonful and increase gradually to $\frac{1}{2}$ yolk.

Zwieback or crisp toast—a small portion at 2 p.m. if the baby's first teeth have been cut.

Age—seven months (average weight 16 pounds):

Nursing or formula at 6 a.m., 10 a.m., 2 p.m., and 6 p.m. (10 p.m. feeding omitted). Two nursings may be replaced by formula.

Formula: Whole milk 30 ounces } Offer 8 ounces
Boiled water 2 ounces } every 4 hours
Sugar 1 tablespoonful } (4 feedings in 24 hours)

Cod-liver oil, orange juice and other foods as for 6 months. Liver puree or scraped beef— $\frac{1}{2}$ to 1 tablespoonful at 10 a.m.

Age—eight months (average weight 17 pounds):

Whole milk—32 ounces—8 ounces at 6 a.m., 10 a.m., 2 p.m., and 6 p.m. Cod-liver oil and orange juice as above. Cereal, pureed vegetable, fruit and liver, scraped beef and egg yolk in increasing amounts. Add a serving of pureed stewed fruit to the 6 p.m. feeding.

Age—nine months to one year (average weight 18 to 21 pounds):

Milk, cod-liver oil, orange juice, and other foods as for eight months. Foods to be finely chopped instead of pureed at nine months, and as child learns to chew food is chopped more coarsely. Add mashed baked potato, baked bananas, and baked custard.

A DAY'S FOOD PLAN FOR CHILDREN ONE TO TWO YEARS OLD

(Have meals at the same time each day)

Water: Boiled and then cooled, should be given during the day, between meals

At 6 a.m. or not later than 7:30 a.m.:

Milk: 8 ounces, to be taken from a cup or glass

At 8 a.m. or not later than 9 a.m.:

Orange juice: 1 ounce, cod-liver oil: 2 teaspoonfuls

At 10 a.m.:

Cereal: 2 to 3 tablespoonfuls of oatmeal or other whole grain cereal

This must be well cooked, rubbed through a sieve and served with a little milk

At 1 p.m. or not later than 2 p.m.:

Cooked vegetable: 1 to 3 tablespoonfuls of spinach, green peas, young carrots, tomato, asparagus, or cauliflower (coarsely chopped)

Egg yolk: soft cooked, coddled, or cooked until floury and rubbed through a sieve; or

Meat: 1 tablespoonful of finely chopped liver, beef, chicken or lamb chop

Baked potato: 1 to 2 tablespoonfuls

Bread: 1 slice of stale bread or toast (preferably whole wheat)

Fruit: 1 ounce orange pulp, apple sauce, stewed apricots or prunes, very ripe banana, fresh peach or pineapple

Milk: 8 ounces, warm

(Junket or custard may be used as dessert once or twice weekly.)

At 5:30 p.m. or not later than 6 p.m.:

Cereal: 2 to 3 tablespoonfuls, well cooked and rubbed through a sieve

Bread: 1 to 2 slices of stale bread or toast

Stewed fruit: 2 tablespoonfuls

Milk: 8 ounces, warm, part of which may be used on cereal

THINGS TO REMEMBER ABOUT FEEDING DURING THE SECOND YEAR

What the child must have

Milk: The chief article of diet. The child should take about one quart (never less than a pint or more than a quart) *daily*, as a beverage, on cereal and in cooked dishes

Cereals: Thoroughly cooked, whole grain cereal

Fruits: Juice or pulp; only mild flavored fruits, such as oranges, prunes, apples, apricots or fresh (*not canned*) peaches or pineapples. Fruit is important because it helps to prevent constipation and adds material for growth.

Vegetables: Of mild flavor are *necessary* each day. They should be thoroughly cooked and coarsely chopped.

Egg Yolk: One egg yolk a day is sufficient (three or four a week are needed).

Meats: Alternating with egg, a tablespoonful of chopped liver, beef, lamb or chicken may be given three or four times a week.

What the child must not have:

DO NOT GIVE THE CHILD TASTES OF FOOD FROM THE FAMILY TABLE, because it makes him want food that is not good for him.

Never give *tea: coffee: beer or wine of any kind: fried foods: pickles: pie: lollypops or candy of any kind: nuts: pancakes: berries: ice cream cones: rich cakes: puddings: meat gravies: sweetening, chocolate or other flavoring in milk.*

For more detailed guidance of your child during this period, send to the Division of Maternity, Infancy and Child Hygiene for the booklet entitled "The Child from One to Six," a publication of the United States Children's Bureau.

WEIGH
THE
BABY
REGULARLY



Watch your baby's weight. He should gain on an average of five to six ounces a week for the first five months and four ounces a week the rest of the year. He should not gain less than four or more than eight ounces a week. He probably will double his birth weight by six months and treble it by the end of the first year. Artificially fed babies do not always gain as rapidly as those who are breast-fed. Babies do not gain weight evenly; some weeks their weight gain will be greater than others. Weigh the baby at the same time each day so that conditions will be the same and the weights comparable.

Weight-Height-Age tables are only averages and give no indication of the wide normal variations in different babies' weights. For this reason, they are omitted from this book. They frequently cause alarm needlessly when a baby may not meet the weight indicated by the table for his height and age, although he is developing well. They may also give a false sense of security to the mother of a baby whose weight is correct according to the chart but who has not been developing properly as to bone, muscle and fat.

The best indication of your baby's progress is obtained by observing his weight gains from week to week. Keep a record of his weights on the following chart. It will help you and your doctor to follow your baby's growth.

Gain in weight and height are only two of many factors concerned in your baby's develop-



YOUR BABY'S WEIGHT CHART

Weight at birth..... Height at birth.....

FIRST YEAR:

First six months

Age	Height	Weight	Age	Height	Weight
1st week	14th week	.....	.....
2nd week	15th week	.....	.....
3rd week	16th week	.....	.....
4th week	17th week	.....	.....
5th week	18th week	.....	.....
6th week	19th week	.....	.....
7th week	20th week	.....	.....
8th week	21st week	.....	.....
9th week	22nd week	.....	.....
10th week	23rd week	.....	.....
11th week	24th week	.....	.....
12th week	25th week	.....	.....
13th week	26th week	.....	.....

Second six months

Age	Height	Weight	Age	Height	Weight
2nd week	16th week	.....	.....
4th week	18th week	.....	.....
6th week	20th week	.....	.....
8th week	22nd week	.....	.....
10th week	24th week	.....	.....
12th week	26th week	.....	.....
14th week			

SECOND YEAR:

Age	Height	Weight	Age	Height	Weight
13 months	19 months	.....	.....
14 months	20 months	.....	.....
15 months	21 months	.....	.....
16 months	22 months	.....	.....
17 months	23 months	.....	.....
18 months	24 months	.....	.....



GROWTH AND DEVELOPMENT

The rate at which babies develop varies with the family pattern, the baby's health, favorable or unfavorable opportunities for progress, and his weight (it takes much more effort for a fat baby than for a lean baby to move about). The usual pattern described below may appear several months earlier or later in the individual normal baby. Many develop rapidly in one field while they lag in another; if they walk early, they may not feel the need of talking; or they may talk very well before they attempt to walk. The baby that makes very good time creeping is not anxious to start the more difficult job of walking. The description below is intended to give you a general idea of the interesting way in which babies develop and the age periods should be taken as merely representing milestones in the



baby's continuous development. For example, many normal, healthy babies may show the state of development described under nine months, one or two months earlier or later.

At One Month

The baby can suck and swallow from birth. At one month, he begins to focus his eyes on things, he is conscious of sounds, and is vaguely conscious of people. If something is placed in his hand, he will grasp it.

At Four Months

The baby begins to move his arms and legs intentionally. He can follow things with his eyes and gazes at them intently, moving his arm in the general direction of whatever attracts him. He can hold up his head and can sit propped up. He bubbles, coos, chuckles, gurgles and laughs. He turns his head at a sound, especially a voice. He recognizes his mother and smiles.

At Six Months

The baby can sit up with slight or no support. He reaches for things and grasps them, and can change them from one hand to the other. He looks at them with great attention. He still can not pick up small things that require the use of skillful fingers. He has become a very busy person, more interested in his own doings than in the people about him. He crows and squeals with delight. His first teeth will begin

to come through in front from six to eight months. These are called central incisors.

At Nine Months

The baby can now stand if someone helps him up and he holds on to something. He has begun to creep. He can use his fingers more skillfully. He becomes more interested in details. His exploring index finger feels every little bump and he goes into every little hollow of the toy he is examining. He is conscious of more than one toy at a time and attempts to bring them together. He learns to imitate, does pat-a-cake, peek-a-boo and waves bye-bye. He begins to help in holding his cup using both hands and can eat a piece of toast by himself. He probably has his four front teeth and is cutting those beside them (the lateral incisors).



At One Year

The baby has now become expert at creeping and he can pull himself up to the standing position without aid. He may be able to walk a few steps. He can throw a ball. He can scribble with a pencil. He begins to understand words, and may be able to say a word or two and talks a jargon of his own. He usually likes simple music. He likes attention and "shows off" a little. His bowel training is usually well under way but he still has occasional lapses. He shows fear, anger, affection, jealousy, anxiety and sympathy. Probably he now has eight teeth and is beginning to cut his first molars.



At Eighteen Months

The child can now walk rapidly and wheel a small toy or push a chair about. He can get up and down stairs by creeping. He can turn the pages of a book and point to the pictures. He also knows the names of the parts of his body and points to them as they are mentioned. He is more skillful in feeding himself. He can say about ten words that are useful to him such as drink, eat, yes, no. He responds to simple commands. He does not like changes of routine and fusses over them. He can indicate that he needs to go to the toilet. He is very imitative. Probably he now has twelve teeth and the teeth in front of his first molars (the cuspids) are beginning to erupt.

At Two Years

By this time, the child greatly enjoys running about and rough and tumble play. He can walk up and downstairs by himself. He likes to talk even when no one is listening. He knows a great many words, uses short sentences, and is beginning to understand the relationships of mine, me, you and I. He can build a tower of blocks, string large beads, and snip with a scissors. He can now hold a glass with one hand. He can stick to tasks longer than before. He identifies pictures of cat, car, cow, etc. He pushes chairs about in order to get something out of reach. He helps to dress and undress himself. If taken up during the night, he usu-



ally sleeps without wetting the bed and rarely soils himself during the day. He has a growing sense of possession. He shows affection spontaneously. He dawdles when he is doing things in which he is not interested. Probably he now has sixteen teeth and is beginning to cut his second molars. These will complete the twenty teeth in his first (deciduous) set.

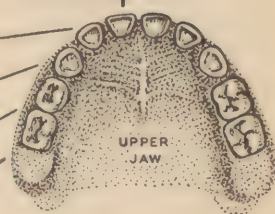
CENTRAL INCISOR, 6 TO 8 MONTHS

LATERAL INCISOR, 8 TO 10 MONTHS

CUSPID, 16 TO 20 MONTHS

FIRST MOLAR, 12 TO 16 MONTHS

SECOND MOLAR, 20 TO 30 MONTHS



— BACK OF MOUTH —

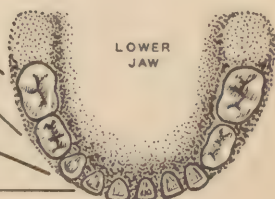
SECOND MOLAR, 20 TO 30 MONTHS

FIRST MOLAR, 12 TO 16 MONTHS

CUSPID, 16 TO 20 MONTHS

LATERAL INCISOR, 8 TO 10 MONTHS

CENTRAL INCISOR, 6 TO 8 MONTHS



YOUR BABY'S DEVELOPMENT CHART

Birth: date Normal or complicated

Birth registered: place Number of birth certificate

Condition at birth Weight pounds ounces ...

Breast fed months. Bottle fed months.

Weaned at months. Sat alone at months.

Crept at months. Walked at months.

First word at months. First tooth at
..... months. All temporary teeth at months.

Illnesses with dates:

.....

.....

Operations:

Vaccinated for smallpox

Immunized for diphtheria

Results of physicians' examinations:

1

2

3

4

5

6

THE BABY'S STOOLS

<i>Normal Stools</i>	<i>Color</i>	<i>Number</i>	<i>Consistency</i>
Breast-fed baby	Bright yellow or green	1 to 4 daily	Soft, occasionally slightly loose with curds
Bottle-fed baby	Yellow or brown	1 to 2 daily	Smooth

Stools of the normal breast-fed baby may occasionally be loose and green with curds and should cause no worry if the baby's temperature is normal and he appears well. When a bottle-fed baby has frequent loose green stools, or hard or greasy stools, it is probable that his food is not being properly digested and the doctor should be notified.

BOWEL AND BLADDER CONTROL

Training the baby to bowel and bladder control can be accomplished quickly and easily after the first six months. Instead of beginning regular training within the first few weeks as was formerly suggested, it is now considered better to wait until the baby is old enough to give some sign, like a grunting noise, that his bowels are about to move. If the child is old enough to realize the comfort of clean, dry diapers, training is much simpler. Be sure that the bathroom seat or nursery chair is safe and comfortable for the baby and provide a regular time for its use. A good time is just before undressing him for his bath. It may be necessary to wait some time for the stool at first, but if the baby does not respond within a reasonable period, it is better to make another attempt two or three hours later than to use a suppository or enema. Young babies have occasional lapses in training which are to be expected and should be noted with calmness and unconcern by the mother.

Training, regular hours and the use of laxative foods such as prune or other fruit juice or pureed stewed dried fruits are the best methods of regulating the bowel movements. The giving of more water during the day may be sufficient. Most babies have a bowel movement every day, but some babies normally have a bowel movement only every other day.

It is more difficult for the baby to learn to control his bladder, so this training will take somewhat longer. The method of training is the same. It is often helpful to discard diapers early, as their thickness and warmth tend to suggest the idea of urination while panties do the opposite.

CLOTHING



Remember that your baby is very sensitive to heat and cold. He should be dressed according to the climate and weather conditions. Young babies need warm, light clothing which should be adapted to the needs of the individual child. A strong, robust baby needs less than a weak, frail one. A baby's hands and feet are fairly accurate guides to his needs. Usually cold hands and feet mean a cold baby.

Too much clothing is as harmful as too little. Overdressing causes perspiration and susceptibility to cold and makes the baby cross and fretful.

Uniformly light clothing is best for indoors; an extra sweater may be used in the cool mornings and removed later in the day. Never leave street wraps on a baby while he is in a warm room.

It is thought best to use shirts and bands of part wool with a cotton or silk mixture. All wool often irritates the baby's skin and makes him fretful. The shirts should button down the front.

The straight band is not necessary after the navel is healed. It should be replaced by the shoulder strap band which gives sufficient support and warmth to the abdomen.

For the young baby, the undershirt and slip, entirely opened down the back, save much labor and insure the baby dry skirts. A small rubber square can be covered with a diaper or Turkish toweling and placed under the baby between the diaper and the skirts. This will keep the skirts dry and clean. A yard square of flannel or cotton flannel wrapped about the baby will keep him warm.

Some babies need stockings while others keep sufficiently warm without them. Again one must be guided by the season and the individual baby.

Before giving the baby his six or seven o'clock feeding, change his clothing for the night. In hot weather a sponge bath is refreshing.

A useful outdoor wrap is a cape, with a hood attached, which is fastened down the front and closed at the bottom.

If made large enough, it gives plenty of room for kicking and wriggling and still completely covers the baby.

The baby must be able to move his arms and legs freely to develop properly. All clothing should be loose to allow for moving about and kicking. The baby's activity is not hampered by his diaper if it is put on correctly.

Diapers

The finished size of the diaper is twenty-two by twenty-seven inches. It may be made from twenty-seven inch wide flannelette or birdseye cloth. Some mothers prefer flannelette because they find it easier to wash and softer for the baby; others like the birdseye, claiming it wears better and stays white. The cost is approximately the same. Good commercial diapers may be purchased but are more expensive.

At least two dozen diapers are needed. The size described can be folded so that it fits comfortably and gives protection as long as a diaper is needed. The selvage edge of the diaper is folded in from each side to give the desired width. When the baby is small, the extra length is folded outside, underneath for girls and on the front for boys in order to give protection where it is most needed. The lower half of the diaper is drawn up between the baby's thighs and adjusted so the back fold overlaps the front. Medium size safety pins are used to pin the diaper to the band at the waist line. The knitted band should be outside the diaper to prevent its getting wet. Adjust diaper just above the knees and pin. A diaper should always be changed as soon as it is wet.

Care of Diapers

Always wash diapers before using them a second time. Diapers that are dried without washing will cause irritation and chafing.

A good way to care for wet and soiled diapers is to scrape or rinse off the solid material and then place them in a covered pail containing a solution of borax—one tablespoonful to two quarts of water. Letting them soak before they are washed will save much effort. Diapers should then be rinsed and washed with a mild white soap. Boil them after washing and rinsing twice a week. Always rinse them thoroughly before drying. Dry them out of doors in the sun when possible.

If the baby's skin is irritated by his urine, rinsing the diaper in a borax solution just before drying will help to neutralize a too acid urine and prevent skin irritation. If the baby drinks enough water, and his diapers are changed promptly, this should not be necessary.

THE BABY'S BATH

The bath tray

A tray containing toilet supplies needed for the baby's bath will save the mother time and trouble. Specially equipped trays may be purchased or any clean glass containers may be assembled for the purpose on a round or oblong cake tin.

The tray should contain:

6 covered glass jars:

- 1 for large absorbent cotton balls or swabs for washing mother's nipples.
- 1 for boiled water.
- 1 for mineral oil.
- 1 for small absorbent cotton swabs on toothpicks.
- 1 for clean boiled nipples.
- 1 for loose absorbent cotton.
- 1 covered soap dish.
- 1 large bottle of boiled drinking water.
- 1 nursing bottle for giving drinking water to the baby.
- 1 piece of soap to use as pincushion.



Giving the bath

Bathe your baby every day.

Before starting the baby's bath, have everything ready which will be needed.

Select a place free from drafts, with the temperature between 75° and 80°. Most mothers find it easier to use a table for the bath. Place a pad on the table, cover it with a rubber sheet, and then a towel. Lay the wash cloth and soft towel for drying beside the pad. Place the toilet tray within easy reach. Have a paper bag for waste.

At the right lay out the baby's clean clothing in the following order: First, the outside blanket or cotton square, placed so the points will come at the baby's head and feet; next, a small rubber square in a case or folded diaper; then the shirt and band and the diaper, folded as described above. The dress, with underskirt arranged inside, can be hung within easy reach.

Place the bathtub on a chair or low table next to the bath table. The water should be 95° to 100° F., just comfortably warm, to the wrist or elbow. The hands must be washed thoroughly before giving the baby any care.

Everything that will be needed is collected, conveniently arranged, and the baby can be bathed with the minimum of handling. **THE BABY MUST NEVER BE LEFT ALONE ON THE TABLE.**

First, place the baby on the towel at the left. This is a good time to give the baby a drink of water. It often makes him more contented during the bath. Loosen all clothing fastenings.

Inspect the mouth but do not wash. A healthy young baby's mouth needs no treatment. If the tongue and mouth are coated, a doctor's advice should be obtained.

Healthy eyes need no special treatment. The doctor's attention should immediately be called to any discharge.

Cleanse the nose and ears with soft, rolled cotton swabs. Dip the swabs in a little mineral oil, press out all excess oil and remove the toothpick. If too much oil is left on the swab, it may run down into the baby's lungs and cause an

oil pneumonia. Be careful in cleansing the ears not to go into the ear canal.

Wash the face with clear water and a soft washcloth. Soap the scalp and rinse it over the tub. Dry the face and scalp.

Undress the baby, soap completely and place in the tub of warm, clear water. Test the temperature with the wrist or elbow or a thermometer before placing the baby in the bath. Rinse him thoroughly and remove him to the bath towel. Dry by a patting motion, paying special attention to all creases. Use a little mineral oil in the creases under the arms, about the neck, and on the buttocks and groin. This will prevent chafing. Wipe off the excess mineral oil with absorbent cotton. Powder should not be used except at a doctor's order in special skin conditions.

Pay special attention to the external genital organs. In baby boys, the foreskin should be retracted unless they have been circumcised. Only do this after the doctor has done it the first time and taught the proper way. In girl babies cleanse the parts with mineral oil. Report any discharge to the doctor.

Remove the baby from the towel on to the clothing and dress. It is best not to take the baby out-of-doors for a half hour after bathing unless the weather is very warm. Give the bath before nursing or feeding.



FRESH AIR

*Outdoors**

Keep the baby in the open air and sunshine when possible, but avoid the sun during the hottest weather. Sunshine on the baby's skin helps to prevent rickets. Protect the baby's eyes from the glare of the sun. It is better for the baby to remain quietly on the porch or in the yard and not be wheeled about the street any more than is necessary. The dust, dirt and gasoline exhaust as well as the greater contact with people and traffic of the streets increase the danger of infection and accident. The bumping of the carriage may tire the baby unnecessarily. When no porch or yard is available, he can be aired beside the open window, in his outdoor wraps.

A healthy baby should be kept out-of-doors at least four hours each day, even in winter except when it is colder than 22° F. During the summer, a newborn baby may be taken out-of-doors in the first week, beginning with an outing of fifteen minutes at noon and gradually lengthening the time into the forenoon and afternoon, until he is out from 10 A.M. until 2 P.M. Your doctor will advise about when to begin outings for the baby born in winter.

* A pamphlet "Sunlight for Babies" giving detailed directions for sunning the baby will be sent on request.



Indoors

The temperature of the baby's room should be kept not higher than 68° to 70° F. in winter and in the summer should be kept as cool as possible with awnings and shutters. In winter, air the room two or three times a day. In summer, keep the windows open day and night. The windows and doors should be screened against flies and all other insects.

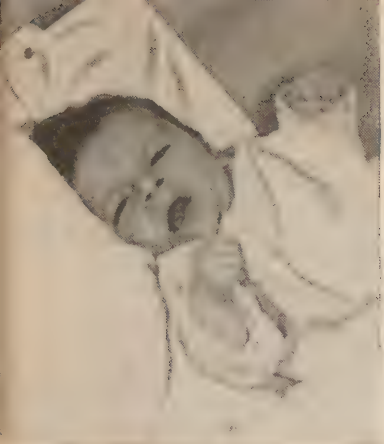
Protection from Drafts and Sudden Drops in Temperature

Drafts chill babies and lower their resistance to colds. Going suddenly from a warm to a cold room produces the same effect. It is very important to protect them from both these dangers.

Put cloth screens in open windows during cool weather. Avoid opening windows and doors in such a manner as to give cross drafts which reach the baby. A crib with high sides is the best possible place for the baby. The sides can be covered with a blanket or quilting fastened in place to protect him from drafts. A clothes basket on the floor is a safe place for the baby if it is braced so it will not tip. The high sides keep out drafts.

If you place a thermometer near the floor, then in the middle of the wall and then at the top, there will be noticeable differences in temperature. The floor will be the coldest. If it is possible to keep very little children from sitting on the floor during the winter, they will be less likely to become chilled. A mat covering the floor of the play pen and a blanket or quilting fastened about the lower half of its sides will be very effective in reducing drafts and floor cold.

Avoid taking the baby from a warm room to a cold room suddenly especially if the temperature of the warm room was high enough to make him perspire.



SLEEP

The Baby's Bed

The baby should sleep in a bed or crib by himself—never in bed with others. A clothes basket, box or bureau drawer makes an excellent bed for the young baby. If a basket is used, it should be large enough to insure plenty of room and allow for the child's growth until he is placed in a crib. An oblong basket is the most satisfactory. The baby's bed should not be on springs or rockers. Rocking or jouncing up and down is not good for him.

Use a mattress about three inches thick to insure sufficient warmth and comfort. A feather pillow or soft saggy mattress is not firm enough to give even support to the baby's back and is too heating. Protect the mattress with a waterproof material such as rubber or oilcloth. If this is made like a pillow slip it will not slide off and makes the bed-making easier. A cotton pillow case may also be used in place of a crib sheet. Do not use a pillow for the baby's head.

For covering, use small blankets that fit the crib. They launder more easily and are easier to handle than a large folded blanket. It is not necessary to use a top sheet on the baby's crib, but the covering blanket may be placed inside a pillow case which serves as both top sheet and spread. Air the bed clothes daily and wash them frequently.

A mosquito netting with an elastic in the hem, placed over the crib, keeps out flies and other insects. If the sides of the crib are not high enough to keep the netting out of reach of the baby's hands, hoops or rods may be fastened onto the crib at the head and foot or one in the center.

Naps

The sleeping room should be well ventilated and shaded from bright sunlight; the window should always be open at the top at least six inches, except in the coldest weather.

Be sure the baby gets two naps a day and at least twelve hours of sleep at night. The following table can be used as a guide to the amount of sleep necessary at each age. Some children may require more sleep than this, but less is undesirable.

Up to 2 months	—20 to 22 hours out of 24.
2 to 3 months	—18 to 20 hours.
At 6 months	—16 to 18 hours.
At 1 year	—14 to 16 hours.
At 2 years	—12 to 13 hours.

If the baby cries when he should be asleep, he may be sick, overfed, hungry—or perhaps he has already learned that you will pick him up if he fusses.

Under no circumstances give soothing syrups to the baby. They contain drugs that may be dangerous and will not remove any of the causes of his crying.

If, as the child grows older, he does not sleep during his daily nap period, do not discontinue the naps. He will obtain a rest even if he does not sleep and frequently will go back to sleeping if the period is not discontinued.



TRAINING THE BABY

It is desirable that your baby develop good habits early. When a child becomes used to doing a definite thing at a definite time, not only his mind but his body is ready. If the thing he expects does not happen, it is confusing and the baby begins to feel insecure and frightened. In the same way, if the thing he expects happens much sooner than he expected, neither his mind nor his body is ready for it.

For this reason we plan a definite schedule for the baby's day. We try to fit it to the baby's own rhythm wherever possible especially in bowel training. A baby usually can become adapted to any reasonable schedule with ease and soon makes it his own.

Begin from birth to have regular hours for eating, sleeping and all bodily functions and keep within reason to this schedule. Get the baby used to sleeping by himself in the dark and lying quietly in his crib when he awakes without being immediately picked up.

Loving, mothering and a certain amount of attention are good for the baby, but they should be given while the child is quiet and happy rather than when he is crying. The baby should not be excited or played with before, during, or after eating, or just before sleeping. He may be held for a time each day but should not be rocked or jounced. Fathers often make the mistake of having a bedtime frolic which excites the child, and if it does not prevent him from sleeping often makes him nervous. It is not necessary for fathers' frolics to be discontinued but they could be arranged at a better time for the baby, for instance, when he awakes in the morning.

Sometimes the most important thing in the training of the baby is the training of the parents. Many fathers and mothers do not seem to realize that the things they enjoy may harm their children. The baby's digestive system does not normally develop during infancy to the point where he can digest the "tastes" of foods from the family table. Nor is his nervous system strong enough to endure the strain of irregular hours of sleep or too much handling and excitement caused by taking him to the movies or showing him

to admiring friends when he should be sleeping or undisturbed in a quiet room.

If parents fail to train their baby in good habits, the baby becomes the tyrant of the household. He learns in the first week of life that he can make his parents rock him or walk the floor with him or give him food at irregular hours. A cross, sickly baby, irritable parents and an upset household often result. So, to preserve your own and your baby's happiness, avoid spoiling him from the beginning.

When your baby cries be sure that he is comfortable and not sick or hungry, but do not pick him up and play with him. A lusty cry is good exercise. A baby soon learns whether crying will give him what he wants. Do not let him cry for ten or fifteen minutes and then finally give in and pick him up. He will soon learn that if he only cries long enough he will gain his way.

From his first months, your child has to learn to live with others, first with his family, later with a gradually widening circle. If, as a baby, he learns that crying, breath holding, temper tantrums and other undesirable habits only cause him to be left alone, while good behavior gets him pleasant attention, he will soon abandon the undesirable habits. Then, as he grows older, he will be spared the confusion and unhappiness caused by the disapproval of his habits by his family, playmates and others with whom he comes in contact.

Always be consistent in your attitude toward the things he does, do not laugh at an action one time and scold him the next. Try to see his point of view before you correct him. Be patient and pleasant but be firm. Shouts, slaps, threats and anger have no place in child training. Remember that your child's feeling of security depends on his knowing that you love him, he must know that nothing that he may do will affect that love. Although you may say you dislike his actions, you must never say you dislike the child.

SUMMER CARE

Breast-Fed Babies

Breast milk is the best milk for young babies in the summer.

A breast-fed baby seldom has severe diarrhea.

If the baby vomits or has acute indigestion, it is usually because he is fed too much or too often, or because the mother is so sick or tired out that she has not enough milk.

In very hot weather the baby may nurse less vigorously.

Give him the breast according to schedule and offer cooled, boiled water freely between the nursings.

Bottle-Fed Babies

Be especially careful in preparing artificial feedings.

See that the milk is clean and kept cold; and that it is scalded or pasteurized before using; that the bottles and nipples are boiled five minutes daily and kept very clean.

In very hot weather the baby needs less food but more to drink.

His milk can be skimmed, and cool boiled water given between feedings.



General Care in Hot Weather

The clothing in hot weather should be light and on very hot days only a cotton band and diaper should be worn.

Bathe the baby morning and evening; on very warm days, additional sponge baths with cool water may be given.

Keep him out-of-doors as much as possible, but avoid the sun on hot days and always protect his eyes from the sun's glare. In very hot weather take him out early in the morning and in the late afternoon and early evening. It is often cooler in the house with shutters closed, in the middle of the day.

Summer Diarrhea

It is easier to prevent diarrhea than to cure it.

The important means of preventing severe diarrhea are:

- 1 Pasteurize, boil or scald all milk.
- 2 Boil all water to be used for the baby in preparing the formula and for drinking.
- 3 Skim the milk during very hot weather.

If the movements become loose, even if there are only two or three, do not neglect it because the baby happens to be teething; it may be the beginning of a serious illness. Stop all food at once, offer boiled water freely and call a physician. He will be able to tell whether the baby can safely continue his usual feeding or whether special treatment is necessary.

Proper treatment at the beginning of a diarrheal attack is worth more than many days of treatment later.

WINTER CARE

It is important that your baby's clothing be warm but comfortable when he is out-of-doors. His hands and feet should not be cold and his skin should not have a purple tinge. These usually mean the baby is not warm enough.

During very cold days and unpleasant weather, it is better for the baby to receive his airing indoors. He should be dressed in his outdoor clothes and placed in his carriage or crib next to an open window. If the baby's room is used for this, remove him to a warm room after the airing until his own reaches 68° to 70° F.

For sun bathing during the winter, the upper window can be lowered and a cellophane window inserted like a screen. Cellophane lets through the ultraviolet rays of the sunlight which are stopped by glass. The window consists of a frame that fits the upper window closely and has stretched across it a sheet of cellophane supported by chicken wire on either side. This can be made easily and cheaply at home or by a carpenter. Be sure there are no holes in it and that it fits closely so the exposed baby will not be chilled. Place the baby's crib so that the sunlight falls directly on the baby through the cellophane window. Keep his eyes turned away from the sun's direct glare.

If the doors and windows of a room fit snugly, one window can be opened without causing a draft. Then a cellophane window will not be necessary provided the room temperature can be kept at 75° F.

Winter sun bathing is only of value during the noon hour and can only give a small portion of the necessary Vitamin D at best. It does not take the place of the Vitamin D in fish-liver oil which should be given daily throughout the winter in full dosage.



PREVENTION OF INFECTION

Germs of diseases come chiefly from other people's mouths and hands. Keep the baby away from anyone who is not perfectly well. So-called colds, such as running nose, sore throat, and bronchitis, are easily communicated to children and may be especially serious for the baby. Babies readily develop pneumonia when they have caught cold.

Colds are not due to weather but to germs. Chilling will reduce the child's resistance to these germs. It is much easier to prevent colds than to cure them. To prevent colds keep your children away from adults or other children who have colds; keep your children away from crowds.

Do not sneeze or cough in the baby's face. While you have a cold, tie a handkerchief or piece of cheesecloth over your nose and mouth when nursing or caring for your baby. Do not kiss the baby.

Measles and many other diseases begin with a running nose or sore throat. Measles and whooping cough as well as scarlet fever and diphtheria are very serious diseases for young children. The younger the child, the greater is the danger of fatal results. Take every possible precaution to protect your baby from communicable diseases.

Diphtheria can be prevented by injecting toxoid under the baby's skin. This is called immunization. Smallpox can be prevented by vaccination. Ask your doctor to give your baby these two great protections.

The germs of disease usually enter by way of the mouth. Keep playthings and everything that has not been thoroughly cleaned out of the baby's mouth. Do not let the baby crawl about on a dirty floor or dusty carpet. Place him on a clean sheet or blanket.

Babies exposed to tuberculosis develop the disease readily and often in a serious form. The baby may get the disease by infected people kissing him or coughing or sneezing near him. If someone in the house has tuberculosis, the germs may be on the floor, the baby's toys and other objects. From these, the baby can easily get the germs on his hands and into his mouth.

It is best to protect the baby from all possible contact with the disease by not allowing anyone to kiss the baby, by

keeping him away from all persons with coughs, by keeping his toys clean, and by placing him on a clean covering on the floor for his exercise. The use of pasteurized milk and the proper care in making up the baby's formula are also important safeguards against tuberculosis.

Flies and mosquitoes may carry disease to babies. Screen the baby's room. Cover his crib or carriage with netting. Keep flies away from the baby and his food at all times. Do not let his bottle stand about before feeding with the nipple unprotected. Flies are attracted to the milk and spread germs all over the nipple just before you place it in the baby's mouth.

Do not let the baby taste food from the spoon another is using.

Keep a separate clean handkerchief for the baby. Disposable tissue handkerchiefs are useful and inexpensive.

Keep the baby's skin in good condition by frequent baths.

There is practically no part of a baby which he can not either touch or put in his mouth. Everyone carries germs in their throats to which they have become accustomed but which might cause serious illness in a baby. For these reasons, it is wise to avoid kissing the baby especially on his mouth, hands and feet.

SICK BABY

You know that the baby is sick but you do not know, of course, what is the matter. He has diarrhea, or is vomiting; his skin is flushed and hot from fever, or he is cold; he is restless, nervous and crying, or perhaps exhausted and limp. If you are wise you will send for a physician at once.

Meanwhile do the following things:

- 1 Stop all food and offer only cool boiled water.
- 2 Keep the baby in bed, with light covers if there is a fever. Don't hold him in your lap; this makes him hotter.
- 3 If the baby has fever or is cold or nervous and sleepless, give him a warm bath in the tub and then put him in bed lightly wrapped in a blanket.

By this time the physician will have come and will tell you what to do next.

Give the baby no medicine, unless ordered by the physician. Castor oil may be very dangerous for a baby and should never be given without a physician's advice. Oil nose-drops may cause an oil pneumonia and should never be used without a doctor's order, and only for the period he states.

Teething of itself rarely causes serious illness, although it may lower a child's resistance to infection. If the child seems to be ill, do not just think it is due to teething but consult your physician.

Worms are seldom a cause of illness or fretfulness. Few babies have them. If you do find worms in your baby's stool, don't attempt to treat him yourself. The medicines used to get rid of worms can also make the baby very ill if not properly used. Your doctor will know best how to treat the baby.

CARE OF THE PREMATURE INFANT*

If your baby has been born more than two weeks before the expected date or weighs less than five and one-half pounds, he will need special care. This care should begin the minute he is born and the favorable conditions he needs should not be interrupted for even a few minutes during the entire time that he is weaker than a normal baby.

If your baby weighs less than four pounds or seems to need special attention, the doctor will probably suggest that he be taken to a hospital that is particularly equipped to care for premature babies. The nurses and doctors on service for premature babies have been especially trained for their care. In these surroundings, frail, premature babies can have the constant attention and specialized care so important in saving their lives.

Should your baby be taken to a hospital, it is very important that he be kept warm during the trip. A market basket with several warmed blankets and hot water bottles at 115° F. inside the outer blanket can be made into an excellent carrying incubator.

* A pamphlet on "The Care of the Premature Baby" will be sent you on request.

If your doctor feels it is safe to leave your baby at home, he may be able to get an incubator for him through your district health officer. The basket incubator can be used until a better incubator is obtained or made.

If a public health nurse is available in your community she will show you how to care for the baby. Ask for her services as soon as possible.

The following points are very important in the care of the premature infant:

- 1 Keeping the baby's temperature normal
- 2 Keeping the air in baby's room moist
- 3 Preventing all contact with infection
- 4 Giving the baby the right kind and amount of nourishment and fluid
- 5 Conserving the baby's strength
- 6 Making the baby's breathing as easy as possible



To keep the baby's temperature normal (between 97° to 99° F.):

- 1 Keep him in a small room with the temperature between 78° to 80° F.
- 2 Record the room temperature every four hours.
- 3 Raise the room temperature to 85° F. when he is to be bathed.
- 4 Keep the temperature of the incubator between 80° to 90° F. by using heating units between 120° and 130° F. underneath or around the outside of the inner crib if an electrically heated incubator is not available. (If hot water bottles must be put within the crib, never have them above 115° F.)
- 5 Take the baby's temperature by rectum every hour until normal, then every six hours at feeding time.

To keep the air in the baby's room moist, put pans of water on the radiators or keep a kettle of water boiling on a stove.

To prevent contact with infection:

- 1 Allow only the doctor, mother, nurse or other person caring for the baby to enter his room.
- 2 Even they should stay out if they have a cold or infection.
- 3 Have everyone entering the baby's room wear a gown and mask and wash their hands thoroughly before touching him or anything that will come in contact with him.
- 4 Use special care in sterilizing all the utensils for his food.

To feed him properly:

- 1 USE BREAST MILK WHENEVER POSSIBLE in small frequent feedings.
- 2 Feed him using a dropper or a small bottle with a small nipple, or if he is too weak to swallow, get a nurse to feed him by stomach tube.
- 3 Feed him in his incubator with a block under its head end.
- 4 Give Vitamins A, C and D and iron as instructed by your physician.

To save his strength:

- 1 Disturb him as little as possible. Feed him, change his diaper, take his temperature, change his position at one time, then let him rest.
- 2 Use simple, light, warm, easily changeable clothes that are soft and loose.
- 3 Don't bathe him for the first few days—then bathe him in his crib using oil at body temperature, exposing him as little as possible.
- 4 Don't weigh him more than every other day, at bath time in his clothes (weigh clothes later and subtract weight).

To make the baby's breathing easy:

- 1 Keep the covers over his chest loose and light.
- 2 Put him on his stomach and elevate the foot of his bed if mucus gets in his throat (don't do this right after he has eaten and always stay with him to watch for vomiting).
- 3 Call the doctor or nurse immediately if the mucus interferes with his breathing.
- 4 Use a few drops of aromatic spirits of ammonia on cotton under his nose, or flick your fingers against his soles or cheeks if his breathing needs stimulation.

THINGS YOU SHOULD REPORT TO YOUR
PHYSICIAN

- 1 Marked change in temperature
- 2 Marked change in breathing
- 3 Skin changes such as blueness, pustules, pimples, etc.
- 4 Bleeding
- 5 Vomiting or refusal of food
- 6 Loss of weight
- 7 Loose or frequent stools
- 8 Twitching, convulsions, or any other unusual symptoms.

PREVENTION OF ACCIDENTS

Babies have their own group of accidents because they do not understand the dangers present in their surroundings and can not protect themselves. To protect them, you must be constantly aware of the dangers they face.

Some of the dangers are:

1 *Suffocation.* You can prevent this by using a firm mattress, taking all pillows out of the baby's crib when he is not going to be under your constant observation, and seeing that nothing could possibly obstruct his breathing during your absence such as tightened covers, or draw strings about the neck. The baby should always sleep alone in his own bed. Many babies have lost their lives because covers were unconsciously pulled over their heads or the babies were rolled on while sleeping with their mothers.

2 *Falling.* Never turn your back on a baby that is on a table, unguarded bed, or any other unprotected high place for even a few seconds. Babies roll very quickly and without warning. If you must leave the table to get something, take the baby with you or put him back in his crib. The habit of orderly collection of things necessary for any care before taking the baby out of his crib will prevent many accidents.

Do not allow young children to play alone in the same room with the baby. Their loving interest in the baby may cause them to tip the crib in their efforts to see him or to injure him by throwing in toys for him to play with.

3 *Pulling things over.* Even very young babies will pull at things if they are within their grasp, but this danger is greatest in the creeping and walking child. Until your child has been trained not to tug at scarves and table covers, heavy, sharp, or hot articles should not be left where they can be pulled over. Children should not play about the kitchen where they can pull over pots of boiling water, fall into tubs of hot water, or

touch the stove or heaters. The use of a well placed play pen, when the child is not under constant observation, will prevent many accidents.

4 *Cuts, scratches, and injury to eyes.* Pins, scissors, knives, and other sharp instruments should be kept from the baby's reach at all times. Safety pins should always be closed and removed from the table on which the baby is being diapered.

5 *Articles in the nose and throat.* Never give the baby small articles such as beads, beans, or jacks to play with or leave them within his reach. They may cause the baby to strangle or he may put them up his nose. Beans and other vegetable matter are particularly dangerous because they swell in the body moisture and are increasingly difficult to remove. A doctor can remove them much more easily than you can with less harm to the baby.

A talcum powder can even when apparently empty may contain enough powder to cause serious lung disease if inhaled by the baby.

Simple, easily washed toys without points, sharp edges, or lead-containing paints are the best. They should be so large that they can not be swallowed. The baby is just as happy with a few spools or wooden blocks as with expensive toys.

6 *Poisons.* All pills and other medicines, disinfectants, bottles of lye, kerosene, ammonia, or insect poisons should be kept where no child could possibly reach them, preferably under lock and key. Keep your child out of the room in which these are being used. It only requires a few seconds while your back is turned for a child to swallow these poisons but it may take months to recover from the effects. If the baby does swallow any poison, notify a doctor immediately. He will tell you what to do until he arrives.

7 *Street and home accidents.* Young children should not be permitted to care for the baby on the streets or

alone in the home. They are just beginning to learn to care for themselves and are not capable of meeting the emergencies of street traffic or hazards in the home.

Do not leave babies and young children alone in parked cars or in gocarts parked outside stores. A child in a rumble seat with an older child is beyond your control or protection. Keep the baby at all times where you can observe him frequently and you will be spared many regrets.

Remember that the dangers of open windows and stairs are not understood by the creeping and walking child and proper guards or constant supervision are necessary.

Safety straps become dangerous when the baby is not under observation. The baby may wriggle out of the belt and it may become wrapped about his neck or he may get out of it entirely and fall out of his carriage.

When buying furniture for the baby, be sure that it is designed to prevent babies falling out, that it can not break readily, tip easily, or crush the baby's fingers. Ask whether the store can guarantee that there is no lead in the paint. Lead paint chewed off toys and cribs has poisoned many babies.

8 *Improper handling.* The shoulder and elbow joints of the young child are composed largely of cartilage that can be torn rather easily by a sudden jerk of the arm or prolonged pulling. If this happens, permanent injury to the joint may result. For this reason, it is unwise to lift your child by his arms. It is also dangerous to pull him along the street by the hand as he may trip and put a sudden strain on his shoulder and elbow.

Put your hands around his chest just below his armpits when you pick him up if he is old enough to hold his head up without assistance. For the very young baby, slip one hand under his back and the other under his head when you pick him up.

RECIPES

Cereals

There are many varieties of cereals or cereal mixtures which may be given to the baby. The commercially prepared (pre-cooked) cereals or cereal mixtures for infants cost more than those cooked at home. Soaking cereals overnight in the correct amount of water lessens the time required for cooking and saves fuel. Preparing cereal in advance and reheating when needed may save time.

Any cereal given to the baby should be soft, smooth and free from harsh particles. It should be neither hot nor cold, just comfortably warm, and of a jelly-like consistency, easily taken from a spoon. It does not need seasoning except a little salt. If the cereal is too thick, it can be thinned by adding boiling water or hot milk.

A good recipe for cooking cereal

Water, 1 cup (8 ounces)

Oatmeal 4 tablespoonfuls

Salt, $\frac{1}{4}$ teaspoonful

Bring the water to a boil. Stir cereal and salt into the boiling water, stirring constantly until mixture thickens. Then set the pan over another containing boiling water to finish cooking. Cook at least 45 minutes. Long cooking improves flavor and digestibility.

If a cereal has been pre-cooked and directions are given on the package, it is best to follow directions.

Gruels and cereal jellies

Thick cereal water is often called gruel. These are sometimes given for variety. The proportions usually used are: 2 cups of boiling water, 2 tablespoonfuls of cereal, $\frac{1}{4}$ teaspoonful of salt. Pour cereal into boiling water. Add salt. Cook thoroughly (from one to several hours). Strain and dilute with hot milk to the desired consistency of paste or jelly.

Vegetables

Pureed vegetables are cooked and mashed through a fine strainer or sieve. The vegetables should be quickly cooked in the least possible boiling water and allowed at the end to

evaporate so that no cooking water is left to be thrown away. Soda, fat, pepper or other seasoning should not be used.

Chopped or mashed vegetables are cooked as for pureed vegetables.

Vegetable Soups

Use one cup of each of the following vegetables (chopped): potato, turnip, carrots, celery, fresh spinach (or one-half cup of canned spinach) or beet greens (or other mild flavored vegetable like peas), cover with water and cook slowly until very soft (about two hours), strain through a sieve, pressing juice from pulp. For young infants only juice should be used. Older infants may take one or two tablespoonfuls of strained pulp to a cup of liquid.

About a tablespoonful of rice or barley or bread crumbs added to the above mixture makes a more nourishing soup, but these are not needed if the child is getting sufficient cereal otherwise. The liver puree may be added to this soup.

Stewed Fruit

Dried fruit must be soaked overnight, cooked until soft and strained. It is then passed through a sieve or strainer.

Prune Juice

Soak and cook as for stewed fruit. Use juice.

Coddled Egg

Eggs may be coddled in the shell or out of the shell, the object being to secure a soft thick white curd and a fluid yolk. If cooked in the shell the egg should be placed in a pan of boiling water, the utensil is then covered, removed from the fire, but kept in a warm place. In from eight to ten minutes the egg is ready to serve.

Another method is to break the egg into a custard cup which is then placed in a pan of boiling water. The pan should be covered so that the steam from the water will cook the egg. Cook until the white is just set which takes from three to four minutes. This method has several advantages. It is ready to serve in the cup in which it was cooked, and it is easy to remove the white which the child does not need if the proper amount of milk is being used. Some other member of the family might better use the white.

Liver

Raw, steamed, or baked liver should be put through a food chopper and the pulp then rubbed through a sieve. It may be combined with vegetable pulp and thoroughly heated with it before serving.

Scraped Beef

Cut all the fat away from a piece of raw, lean round steak, one-half to one inch thick, and place the steak on a meat board. With a large heavy mixing spoon, scrape the soft part of either side, leaving the tough fibers. Another method is to put the raw lean beef (with the fat carefully removed) through a grinder twice. If this second method is used, all the fibers should be taken out after the grinding. Shape the scraped or ground beef into a small flat cake and heat it just long enough to warm it through. Do not use any fat.

Zwieback (twice-baked bread)

Cut bread into strips and dry in a very slow oven until delicately browned—or this may be prepared in the broiler of a gas stove, if care is taken to dry the bread very slowly; the broiler door should be left open during the process. Commercially prepared zwieback may be used.

Soft Custard

Ingredients: 1 cup milk, 1 egg, 2 tablespoonfuls sugar, few grains salt.

Directions: Scald milk in a double boiler. Beat egg. Add sugar and hot milk. Cook over hot water stirring constantly until mixture coats the spoon. Remove from the fire at once. Add salt and a drop or two of flavoring if desired. Cool.

Baked Custard

Use the same ingredients as for soft custard. But instead of cooking on top of the stove in a double boiler place in a baking cup set in a pan of hot water and bake in the oven at 350° F. for forty minutes.

Junket

(The directions for making junket are given on the package.) Individual recipe: $\frac{2}{3}$ cup milk, $\frac{1}{2}$ junket tablet, $\frac{1}{4}$ teaspoon vanilla, 1 tablespoonful sugar. Heat milk to just below scalding, add sugar and flavoring. Crush junket tablet in a teaspoonful of water. Add to warm milk. Pour into cup. Let stand until firm. Cool.

SUBSTITUTION TABLES

Milk

1 quart of whole milk may be replaced by:

15-17 ounces of evaporated milk; or

1 quart of skim milk (fresh or buttermilk) and $1\frac{1}{2}$ ounces of butter; or

$4\frac{1}{2}$ ounces of dried whole milk; or

3 ounces of dried skim milk and $1\frac{1}{2}$ ounces of butter.

Measures

1 pint = 2 cups

1 quart = 4 cups

1 ounce = 2 tablespoonfuls (of cane sugar or corn syrup).

1 teaspoonful = 4 cc.

1 serving = $\frac{1}{2}$ cup of cooked food which packs readily, more of diced or raw foods.



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CROSS INDEX

A

Abdomen 22, 51, 53
 Abscess—Breast 14
 Accidents 62, 63, 64
 Additional Foods 24
 Affection 39, 51
 Age—
 Height—Weight Tables ... 33
 Formula Tables 28, 29, 30
 Sleep Tables 50
 Growth and Development.. 35
 Air—
 Outdoor 13, 47, 54, 55
 In Room 9, 13, 54, 55, 60
 In Stomach 22
 Allergy 27
 Ammonia, dangers 63
 Anemia—
 In Mother 11
 In Baby 27
 Appetite 25
 Apples 32
 Applesauce 27, 31
 Apricots—
 For Mother 11, 12
 For Baby 27, 31, 32, 66
 Arms (accidents) 64
 Artificial Feeding 18
 Well Baby 18
 Premature Baby 59
 Sick Baby 57
 Asparagus 27, 30, 31
 Asthma 25
 Attention 51

B

Baby Carriage 64
 Back 64
 Banana 27, 30, 31
 Bands and Shirts..... 42, 54

Bath—

 Well Baby 42, 44, 45, 54
 Premature Baby 61
 Sick Baby 57
 Beans—Lima and String
 27, 30, 63
 Bed and Bed Clothes—
 Well Baby 49
 Premature Baby 61
 Beets and Beet Greens
 12, 27, 30, 66
 Birth Registration 4, 5
 Bladder Training 41
 Blanket 45, 48, 49, 56, 57, 58
 Bleeding 61
 Blocks 38, 63
 Blood 27
 Blue Spells 61
 Body Build 33
 Boiled Milk 54
 Boiled Water 16, 17, 44
 Boiling Formula Utensils ... 19
 Bones 24, 33
 Books for Parents 69
 Borax 43
 Bottle—
 Milk 19
 Nursing 19, 44, 60
 Bottle Brush 19
 Bottle Feeding 15, 21
 Bottle Warming 21
 Bowel Training 41
 Bowels 12, 37, 41
 Bread or Toast—
 For Infant 27, 30, 31
 For Mother 12
 Breast—
 Care of 14
 Emptying 11
 Feeding 10, 53
 Stimulation 11
 Breath Holding 52

Breathing—	
Difficult	61
Premature	61
Smothering	62
Bronchitis	56
Burns—	
Bath	45
Hot Water Bottle	60
Prevention	62
Stove	62, 63
Sunburn	54
Butter	12
Buttocks	46
Buttons	42, 63

C

Cabbage	12
Calcium in Diet	11
Candy	32
Canned Foods—	
Fruit	32
Vegetables	12, 27
Milk	12, 18, 21
Cape	42
Care—	
Of Bottles & Nipples	19
Of Diapers	43
Of Fresh Milk	19
Carpets and Rugs	9, 56
Carriage	64
Carrots	12, 27, 30, 31, 66
Castor Oil	58
Cathartics	12
Cauliflower	12, 31
Celery	12, 66
Cellophane Window	55
Center, Child Health	8
Cereal—	
For Mother	11, 12
For Baby	25, 26, 29, 30, 31, 32
Certificate, Birth	4, 5
Chafing	43
Chair, Toilet	41
Chair for Mother	13
Character Building	51, 52
Cheese—in Mother's Diet	12
Chest	64
Chewing	27

Chickenpox	56
Child From One to Six	32
Child, Health Center	8
Child Management	51, 52
Children in Household	62
Chocolate	32
Choking	24
Circumcision	46
Clinic, Child Health	8
Clothes—	
Baby	42, 43, 54, 55
Premature	61
Clothes Rack	45
Coat	42
Cod-liver Oil and Other Fish-liver Oils—	
Mother	11
Baby	13, 24, 28, 29, 30, 55
Premature	60
Coffee or Tea—	
For Mother	12
For Child	32
Cold Weather—	
Bed Clothes	49
Clothes	42, 55
Milk	19
Sun Bath	55
Ventilation	48
Colds—	
In Adults	56, 60
In Baby	56
Premature	60
Prevention	48, 60
Colic	22
Color of Skin	55
Communicable Disease	56
Conference, Well Baby	8
Constipation—	
In Artificially Fed Baby...	
.....	32, 41, 58
In Breast Fed Baby	32, 41, 58
In Mother	12
Contagious Disease	56
Convulsions	61
Cooking—	
Cereal	65
Egg	66, 67
Fruit	66
Liver	67

Cooking (<i>continued</i>)	Diarrhea	53, 54, 57, 61
Milk Mixture	Diet—	
Scraped Beef	Of Baby	24, 25, 26,
Vegetables	27, 28, 29, 30, 31, 32, 53, 54	
Corn Syrup	Of Mother	11, 12
Cotton, Absorbent	Digestive Disturbances . .	10, 51
Cotton Clothes	Diphtheria Prevention . . .	8, 56
Cough—	Discipline	51, 52
Colds	Discouragements	13
Tuberculosis	Disease Prevention—	
Whooping	Premature	60
Wear Prematures	Well Baby	9
In Adults	Disinfectants—Danger	63
Cow's Milk—	Doctor—	
Learning to Drink	Examination—	
For Mother	Of Well Baby	8, 45
Premature	Of Mother	8
Sick Baby	Feeding Advice	
Creeping	11, 16, 22, 23, 25, 26, 27	
Crib	Premature	58, 59, 60, 61
Crowds to be Avoided	Sick Baby	57, 58
Crying	Drafts	9, 45, 48
Cup Instead of Bottle	Drawers	41
Curds in Stool	Drawstrings Dangerous	62
Custard—	Dresses	42, 45
Mother	Dressing Baby	42, 45, 46
Baby	Dried Fruits—	
Cuts and Wounds	Mother	11
Cyanotic Attack—	Baby	27, 31, 32, 41, 66
Premature	Dried Milk	12, 68
	Drinking Water	
<i>D</i>	16, 27, 31, 44, 45, 53, 57	
Daily Schedule—	Drugs	50
Baby	Dust	47, 56
Mother	Dysentery	53, 54
Deficiency Diseases—		
Rickets	<i>E</i>	
Scurvy		
Development—	Ears—Cleansing	45, 46
Chart	Eating	11, 12, 25
Growth and	Eczema	25
Diaper—Application	Eggplant	12
Care	Egg Yolk—in Baby's Diet . .	
Changing	25, 27, 30, 31, 32, 66	
Number	In Mother's Diet	12
Premature	Electric Heating—	
Diaper Pail	Premature Baby Bed	59, 60
Diaper Rash		

Elimination	41	Fish Oil—	
Emotional Upset—		In Mother's Diet	11
In Nursing Mother	13	In Baby's Diet	25, 55
In Child	51, 52	Flies and Mosquitoes ..	9, 48, 49
Emptying of Breast ...	11, 15, 17	Floor	48, 56
Enema	41	Fluid—	
Epidemic	56	In Mother's Diet	12
Eruption or Rash	25	In Baby's Diet	
Evaporated Milk .....		.....16, 27, 31, 43, 57	
.....12, 18, 20, 21, 68		Premature	59
Examination by Doctor ...	8, 45	Food	10, 12, 25, 57
Exercise & Play.....		Foreign Bodies	63
.....35, 36, 37, 38, 43		Foreskin	46
Exercise—		Formula ...	19, 20, 22, 28, 29, 30
For Nursing Mother ...	13, 14	Fresh Air	9, 47
For Baby	35, 36, 37, 38, 43	Frozen Milk	19
Expression of Breast Milk ..	11	Fruit & Fruit Juices—	
Eyes—		Mother	12
Cleansing	45	Baby	25, 29, 30, 31, 32, 41
Discharge	45	Furnishings—Baby's Room	9, 64
Protection from Glare	47		

F

Face—Skin	45, 46
Falling	62
Farina	26, 65
Fat in Diet—	
Not Used in Cooking	66
Father	7, 51
Fatigue—	
In Mother	13
In Child	49, 50
Feeding—	
Well Baby	16, 22
Sick	57
Premature	59, 60
Feeding Habits	25
Feet—	
Keeping Warm	42, 55
Stockings	42
Walking	35, 37, 38
Fever	57
Figs in Mother's Diet	12
Fire	62, 63
Fish—	
In Mother's Diet	12
In Baby's Diet	25

G

Gain in Weight	33
Gas in Intestines'	22
Gate for Stairway	64
Genital Organs	46
Grapefruit & Juice—Mother's	
Diet	12
Green Leaf Vegetables ...	12, 66
Groin	46
Growth & Development	
.....23, 25, 33, 35	
Gruel	65

H

Habit Formation—	
Feeding	25
Sleeping	49, 50
Toilet	37, 38, 39, 41
Hand Expression of Breast	
Milk	11, 15, 17
Handkerchief for Baby	57
Handling of Baby—Care In—	64
Premature Undesirable ...	61

Hands—	
Keeping Warm	42, 55
Learning to Use	36, 37, 38
Hands, Clean in Disease Pre-	
vention	19, 45, 56, 60
Head—	
Holding Up	36
Washing	46
Health Department	8, 59
Health Examination	8
Heated Bed for Premature	
Baby	59, 60
Heater—Room Temperature.	60
Heating Pad Not Safe	60
Height	33, 34
Heredity	7
Hospital Care for Premature	58
Hot Water Bag or Bottle.	58, 60
Hot Weather—	
Bath	54
Clothing	54
Digestive Disturbances .	53, 54
Drinking Water	53
Sunburn	54
Weaning	17
House	9
Humidity for Premature	60
Hunger	15, 50

I

Icebox	18, 19, 20, 24
Illness—	
In Baby	56
In Mother	11, 56
Immunization	8, 56
Incubator	58, 59, 60
Indigestion—	
Infant	53
Mother	12
Indoor Sun Bath	55
Infectious Disease	56, 59
Inoculation	8
Insects	9, 48, 49

Intestines—	
Bowel Training	41
Constipation	32, 41, 58
Diarrhea	53, 54
Stool	41
Worms	58
Iron in Diet	11, 26, 27, 60
Irritability	42
Irritation of Skin	43

J

Jaw	16
Junket	27, 31, 67

K

Kale	27
Kerosene—Precautions	63
Kicking	43
Kissing	56
Knives—Precautions	63

L

Laughing	36
Laxative Food	12, 27, 41
Laxative Medicines	12
Lead in Paint Unsafe	63, 64
Learning	35, 36, 37, 38
Legs—	
Creeping	37, 38
Exercise & Play	37, 38
Standing	37
Walking	35, 37, 38
Light—Shielding Eyes from..	47
Lima Beans	12
Liver—	
In Mother's Diet	11, 12
In Baby's Diet	25, 27, 30, 31, 32, 66, 67
Lungs—	
Pneumonia	56
Tuberculosis	56, 57
Lollypops	32
Lye—Danger	63

M

Mask	56, 60
Matches—Precautions	62
Mattress	49, 62
Measles	56
Measuring of Food	20, 68
Meat—	
For Mother	12
For Baby	25, 31, 32
Medical Supervision	8
Medicine—	
Only on Doctor's Orders	50, 58
Out of Baby's Reach	63
Medicine Dropper for Feeding	25, 60
Menstruation in Nursing	
Mother	17
Mental Development	
.....	35, 36, 37, 38
Milk—	
In Baby's Diet ..	18, 19, 20,
28, 29, 30, 31, 32, 53, 59,	60
In Mother's Diet	11, 12
Milk—Mothers	10, 11, 53
Milkborne Disease	54
Milk Bottle	19
Milk Formula ..	19, 20, 28, 29, 30
Milk Powder	12, 68
Mineral Oil—	
For Cleansing Skin. .	44, 45, 46
Care in Using in Nose .	44, 45
Minerals in Diet	11
Mixed Feeding	15
Moisture in Air for Premature Baby	60
Mosquitoes & Flies	9, 49
Mother, Nursing	10
Mouth—Care	45
Movies	51
Mucus in Mouth & Throat of	
Premature	61
Mucus in Stool	41
Muscles	35, 36, 37, 38

N

Nap	12, 13, 50
Navel	42
Neck—Strings About	62
Needles, Precautions	63
Netting	49, 57
New Foods—Learning to Eat	25
Night Clothes	42
Nipple Shields, Lead	14
Nipples—Rubber	21, 44
Nipples of Nursing Mother..	14
Noise	51, 52
Nose—	
Cleansing	45
Colds	56
Nose Drops	58
Nurse, Public Health	8, 13
For Premature Baby	59
Nursing—	
Rules for	16
Discouragements	15
Nursing Bottle	19
Nursing Care for Sick Baby.	53
Nursing Mother—	
Diet	11, 12
Disease in	11, 17, 53
Hygiene	14
Menstruation	17
Pregnancy	17

O

Oatmeal	12, 26, 31, 32, 65
Oil—	
Castor	58
Cod-liver	13, 24
Fish-liver	13, 24
Mineral	44, 45, 46
Oil Pneumonia....	24, 45, 56, 58
Oil Cloth	49
Orange Juice	
.....	12, 25, 29, 30, 31, 32
Outdoor Life—	
For Mother	13
For Baby	47
Overfeeding	22, 50

P

Pad—	
Bed	49
Diaper	42
Table	45
Pain—	
In Baby	52
In Mother's Breast	11, 14, 16, 17
Painted Articles	63, 64
Pants	41
Parsnips	12
Pasteurized Milk	18, 54, 57
Patent or Proprietary Foods	19
Peaches	31, 32
Peas	27, 30, 31, 66
Perspiration	42, 48
Petticoats or Slips	42
Pharmacopoeia, U. S., & Vi-	
tamin D.	24
Physician	8, 11,
16, 22, 25, 26, 27, 57, 58, 63	
Pillow	49, 62
Pills—Accidental Swallowing	63
Pins—Precautions	63
Plan for Feeding—	
Baby	22, 24, 25, 26, 27
Child 1-2 years	31
Mother	11, 12
Play	35, 36, 37, 38
Play Pen	48, 63
Pneumonia	24, 45, 56
Poisoning	63
Porch	9, 47
Position—	
Changing	61
For Bottle Feeding	21
For Cod-liver Oil	24
For Nursing	13
For Sick Baby	21
Potatoes	12, 27, 30, 31, 66
Powder—Precautions	46, 63
Powdered Milk	12
Pregnancy—Reason for	
Weaning	17
Premature Baby ...	58, 59, 60, 61

Preparation of Formula	19
Prevention of Accidents	62, 63, 64
Prevention of Disease	56
In Premature Baby	60
Proprietary Foods	19
Prunes & Prune Juice—	
Baby	27, 31, 41, 66
Mother	11, 12
Publications	2
Punishment	52

Q

Quarantine	56
Quiet	49, 52

R

Raisins	12
Rash	25
Raw Milk	19
Recreation for Nursing	
Mother	13
Rectum—Temperature by ..	60
Worms	58
Refrigeration	18, 19, 20, 24
Refusal of Food	25, 26, 61
Registration, Birth	4, 5
Regularity	16, 28, 51
Rest for Nursing Mother ..	12, 13
Restlessness	57
Rice—	
Mother	12
Baby	66
Rickets	47
Rocking	49, 51
Room—	
For Baby	9, 48
For Premature Baby	60
Roughage	12
Routine	16, 28, 38
Rubber Sheeting	42, 45, 49
Rugs & Carpets	9
Rules for Nursing	16

S

Safety	62, 63, 64	Solids Foods—Learning to Eat	25
Safety Strap—Danger of ...	64	Soothing Syrup not to be Given	50
Safety Pins	43, 63	Spasms	61
Salt in Cooking	65	Speech	38
Sanitation	9	Spells	61
Scales	33	Spinach	27, 30, 31, 66
Scalp Washing	46	Spitting Up	25
Scarlet Fever	56	Spoon, Learning to Use	25
Schedules—Feeding	16, 23	Spread—Bed	49
First Year	22, 28, 51	Squash	12
Second Year	31	Stairway Safety	64
Mother's Day	13	Standing	37
Sleep	50	State Board or Department of Health	2
Scissors, Precautions—Use ..	63	Stearate of Zinc Unsafe ..	46, 63
Scalding	26, 62	Sterile Bandages or Gauze ..	14
Scraped Beef	27, 30, 67	Sterilization—	
Scratches	63	Drinking Water	27, 31
Screening—Against Insects, 9,	48	Dropper for Cod-liver Oil	25
Against Wind	9, 48	Milk	20
Scurvy	25	Utensils & Bottles	19, 60
Second Year of Life	31, 32	Nipple Shield	14
Sex Organs	46	Stockings	42
Shirts and Bands	42, 45	Stomach	22, 51, 53
Sick Baby	50, 57	Stomach Tube—Premature Baby	60
Sitting Up	36	Stool—	
Skim Milk	53	Well Baby	41
Skin—		Sick Baby	41, 58, 61
Chafing	43, 46	Constipation in Baby ...	
Flushed	57	.....	32, 41, 58
Premature Baby	61	Constipation in Mother ...	12
Rash	25, 46	Cleaning from Diaper ...	43
Sun Baths	55	Strap, Safety	64
Burns	62	String Beans	27, 30
Slapping	52	Stripping Breasts	11, 15
Sleeping Habits—		Substitutes for Breast Milk..	18
Baby	49, 50, 57	Sucking	10, 36
Mother	12, 13	Suffocation	62
Slips and Petticoats	42	Sugar in Drinking Water ...	16
Smallpox Vaccination ...	8, 56	On Cereal	26
Smothering	62	Summer Care	17, 47, 53
Sneezing	56	Sunbath	47, 55
Soap—		Sunburn	54
For Baby's Bath	44, 46		
For Pin Cushion	44		
For Washing Diapers ...	43		

Sunlight—in Summer	47	Tube Feeding, Premature	
In Winter	47, 55	Baby	60
Supervision of Feeding		Tuberculosis—	
.....	8, 17, 22, 23	Nursing Mother	56
Suppository	41	In Baby's House	56
Swallowing Foreign Bodies..	63	Turnips	12, 66
Sweat	42, 48	Twitching	61

T

Talcum Powder	46, 63
Talking	37, 38
Tantrums	52
Tea & Coffee in Nursing	
Mother's Diet	12
Teeth—	
Vitamin D for	24
Eruption of	36, 37, 38, 39
Teething	54, 58
Temper	52
Temperature—	
Of Bath Water.....	45, 46
Of Room for Bath	45
Of Baby's Room	9, 48, 55
Of Premature's Room	60
Of Premature	59, 60
Thermometer—	
Bath	46
Clinical	60
Wall	9, 48
Thighs	43
Thirst	27
Throat, Foreign Body In	63
Toast	27, 30, 31
Toilet Habits	37, 38, 39, 41
Tomato Juice—for Mother ..	12
For Baby	25, 31
Tomatoes for Nursing	
Mother	12
Tongue	45
Towels	42, 45, 46
Toxoid	8
Toys	37, 38, 56, 57, 63
Training, Habit	51, 52
Tray, Bath	44
Tub	45

U

Underfeeding	15
Undesirable Habits	52
U. S. Children's Bureau	32
Urine	43
Utensils for Formula	19, 20

V

Vaccination Against Small-	
pox	8
Vegetables—	
For Mother	11, 12
For Baby	
.....	25, 27, 29, 30, 31, 32, 65
Ventilation—	
Well Baby's Room	9, 50
Premature Baby's Room ..	60
Visitors	51, 52, 60
Vitamins—A	24, 25, 60
Vitamin B	26
Vitamin C	23, 25, 60
Vitamin D	23, 24, 25, 60
Vomiting	53, 57, 61

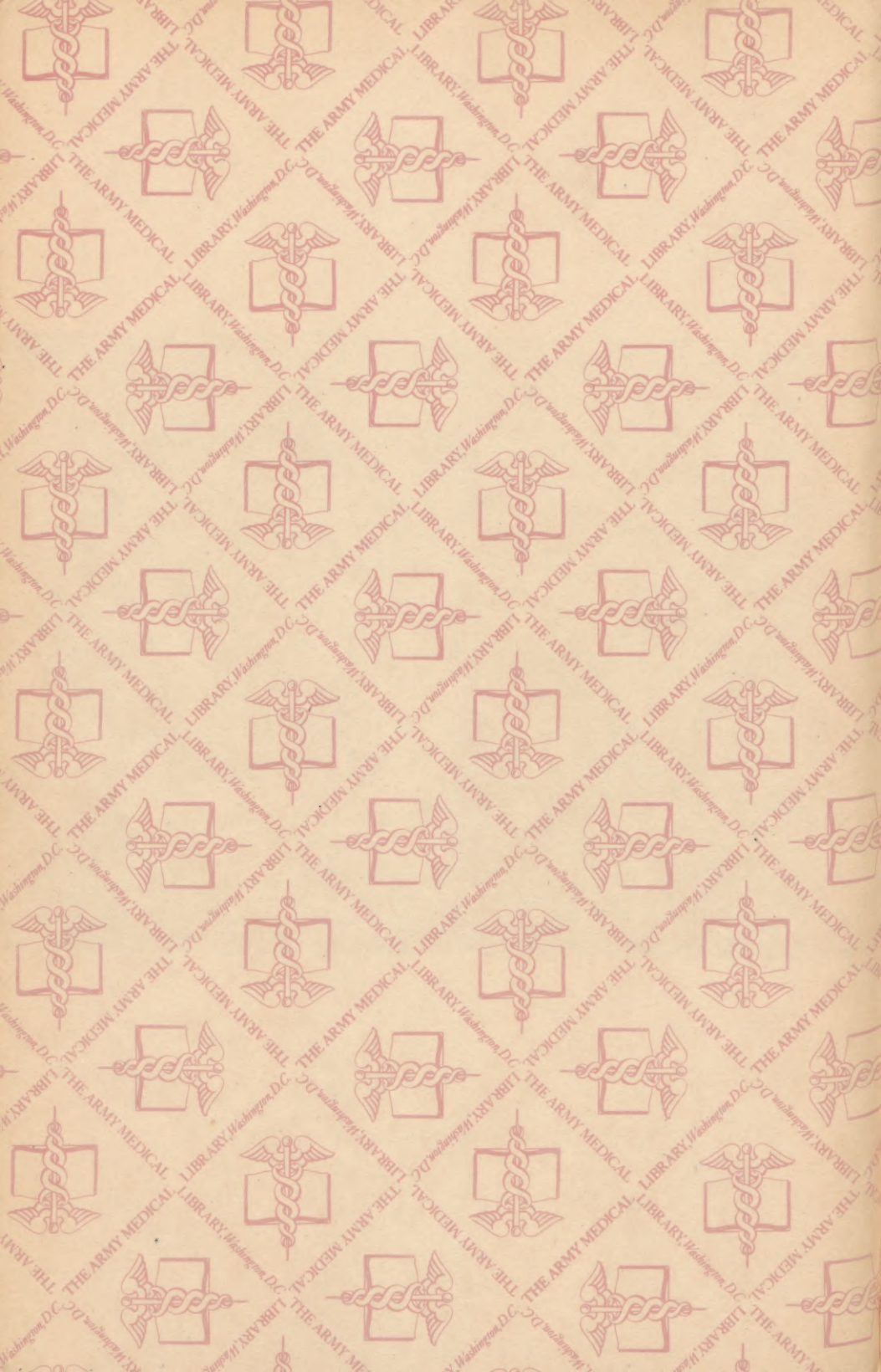
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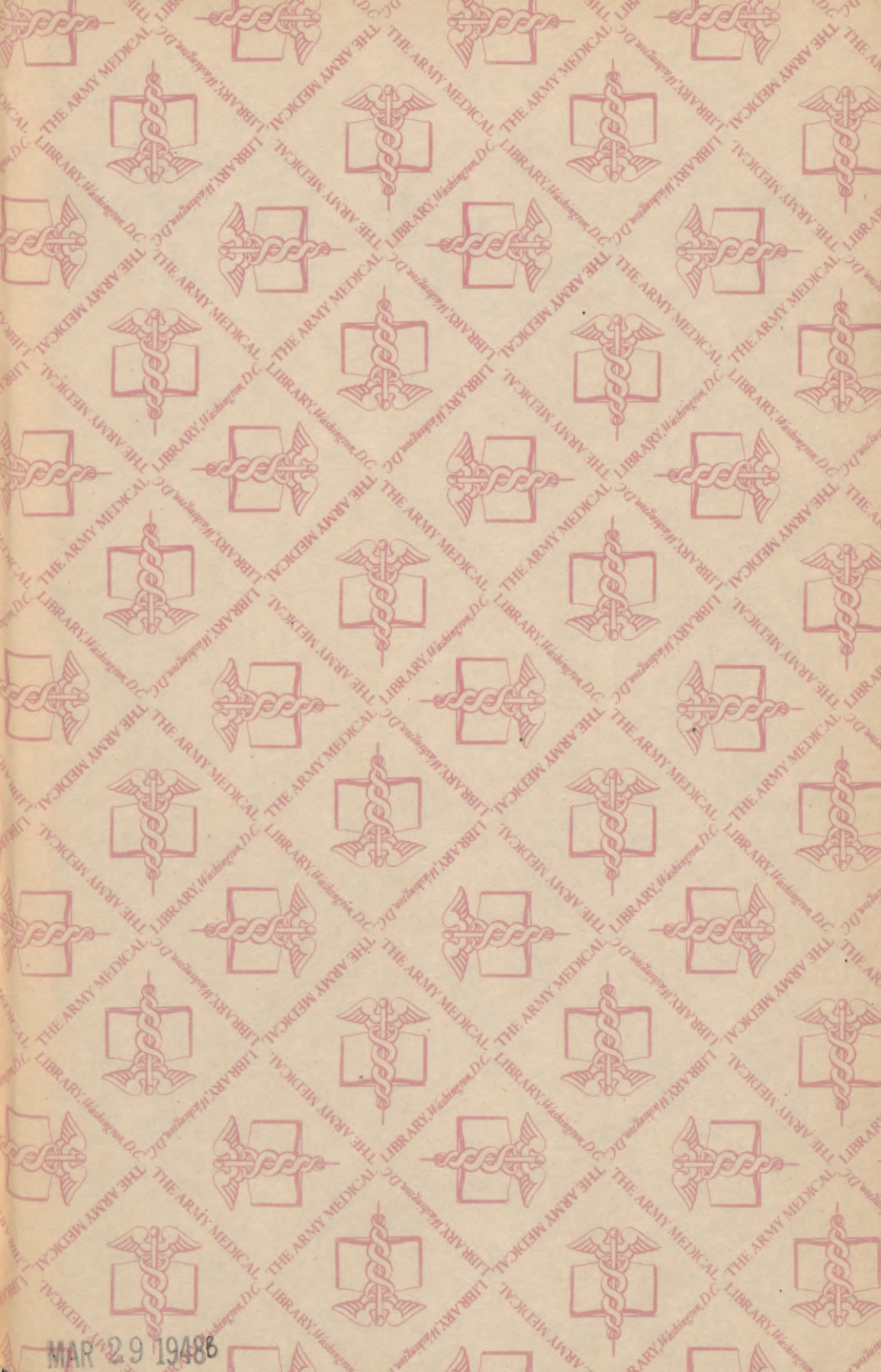
Walking	35, 37, 38
Walls of Baby's Room	9
Washcloth	46
Washing Diapers	43
Water—Diluting Fruit Juice	25
Cool Boiled for Drinking	
.....	16, 27, 30, 43, 45, 53
Before Mother's Milk	
Comes	16
In Empty Bottles	19

Water (<i>continued</i>)		Wind, Protection from	9
For Constipation in Mother		Window Screens—	
.....	12	Cellophane	55
For Constipation in Baby		Cloth	9
.....	32, 41, 58	Winter	50, 55
For Sick Baby	57	Woolen Blanket	49
During Summer	53, 54	Woolen Clothes	42
In Milk Mixture .20, 21, 22,	23	Work by Nursing Mother ...	13
For Premature Baby	59	Worms	58
Wax Paper	20	Wounds	63
Weaning	17		
Weighing Baby	33, 61	Y	
Weight—Height—Age Tables	33	Yard	9
Weight Chart	34		
Well Baby Conference	8	Z	
Whole Grain Cereal		Zinc Stearate Unsafe	46, 63
.....	12, 26, 31, 32	Zwieback	27, 67
Whooping Cough	56		

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